

# EXHIBIT 5

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS**

PLANNED PARENTHOOD FEDERATION  
OF AMERICA, INC.; PLANNED  
PARENTHOOD LEAGUE OF  
MASSACHUSETTS; and PLANNED  
PARENTHOOD ASSOCIATION OF UTAH,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official  
capacity as SECRETARY OF THE U.S.  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES; U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES;  
MEHMET OZ, in his official capacity as  
ADMINISTRATOR OF THE CENTERS FOR  
MEDICARE & MEDICAID SERVICES; and  
CENTERS FOR MEDICARE & MEDICAID  
SERVICES,

Defendants.

Case No. \_\_\_\_\_

**EXPERT DECLARATION OF CLAIRE D. BRINDIS  
IN SUPPORT OF PLAINTIFFS' EMERGENCY MOTION FOR A TEMPORARY  
RESTRAINING ORDER AND PRELIMINARY INJUNCTION**

I, Claire D. Brindis, declare that if called as a witness, I would testify competently to the following:

1. I am a Distinguished Professor Emerita (on recall) in the Department of Pediatrics and the Department of Obstetrics, Gynecology and Reproductive Health Sciences at the University of California, San Francisco (“UCSF”), where I have held positions as a researcher and faculty member since 1982.

2. I am Emerita Director of the Philip R. Lee Institute for Health Policy Studies. This Institute is an interdisciplinary health policy research unit that collaborates with universities, the private sector, government, and community-based organizations to address issues concerning health care delivery, access and quality of care, and health services outcomes. I have been associated with this Institute since 1983 and was its Director from 2008 to 2020.

3. I am a Founding Director and currently Senior Advisor of the UCSF Bixby Center for Global Reproductive Health. This Center leads research and training programs around the world to improve reproductive health policies, treatment, and care guidelines around the world. I have been associated with this Center since its founding in 2004.

4. I received a Master’s Degree in Public Health in Maternal and Child Health, International Health, and Family Planning from the University of California at Los Angeles and a Doctoral Degree in Public Health (with a specialty in Behavioral Sciences) from the University of California at Berkeley.

5. A copy of my curriculum vitae is attached as Exhibit A.

6. My area of academic expertise is child, adolescent, and women’s health policy. I have conducted research regarding reproductive health services for men and women, pregnancy and pregnancy prevention, and health care reform, among other topics. Of particular relevance, I

served on the 2011 Institute of Medicine Women's Committee on Preventive Services for Women, which produced a report of recommendations for women's health, including an annual preventive health visit, counseling on sexually transmitted infections ("STIs"), and access to all Food and Drug Administration ("FDA")-approved contraceptive services without copayment. I also served for nearly 20 years as the co-Principal Investigator for California's Family Planning, Access, Care, and Treatment ("PACT") Program, the state's Medicaid waiver program for providing family planning services to low-income men and women and one of the largest publicly funded family planning programs in the country. I have served as the Principal Investigator for a National Institutes of Health-funded program, Building Interdisciplinary Research Careers in Women's Health, which supports junior faculty conducting research aimed at improving women's health.

7. I have served as a research grantee, advisor, and/or consultant to a variety of federal government projects and agencies since 1983, including: member of the advisory panel for the U.S. Congress Office of Technology Assessment on Adolescent Health (1991); advisor to the Centers for Disease Control and Prevention ("CDC") regarding adolescent pregnancy prevention efforts (1995-2000); member of the Adolescent Health Work Group, Maternal and Child Health Bureau, U.S. Department of Health and Human Services ("DHHS") (1995-1996); member of the Steering Committee, Women's Health Panel, Bright Futures for Women's Health and Well-Being: National Guidelines Project, Maternal and Child Health Bureau, DHHS (2001-2002); member of the Technical Experts Advisory Committee for the Office of Population Affairs, Office of Family Planning, and CDC in connection with revision of the Title X Family Planning Program Guidelines, Adolescent Panel (2011); member for the DHHS and Health Resources and Services Administration ("HRSA") Office of Women's Health Expert Panel on Curriculum Development in Women's Health (2012); expert panel member for the DHHS and the Office of Adolescent

Health (OAH) “Think Adolescent Health” agenda (2013); member of DHHS and OAH’s Technical Workgroup on the Cost Study of Evidence-Based Teen Pregnancy Prevention Programs (2013); technical expert panel member for CDC panel on The National Survey of Children’s Health (2015); member of the CDC’s Adolescent Reproductive Health Clinical Program Improvements Workgroup (2018-2019); and special emphasis panel member of the CDC’s Developing and Evaluating Adolescent, Parent, and Provider Resources to Improve Adolescent Use of Sexual Health Services panel (2020).

8. I have not been paid a fee for my work in connection with this case. I will be reimbursed for all reasonable and necessary out-of-pocket expenses incurred in connection with this engagement, such as travel expenses. This reimbursement is not contingent on the nature of my findings or conclusions, or on the outcome of this litigation.

9. I have been asked to provide my opinion on the effect on public health outcomes of Section 71113 of An Act to provide for reconciliation pursuant to title II of H. Con. Res. 14 (“Section 71113”), which I understand is intended to prohibit Planned Parenthood Federation of America (“PPFA”) Member organizations from receiving federal funds through Medicaid.

10. In this declaration, I use shorthand to discuss PPFA Members’ health centers, using the terms “Planned Parenthood,” “Planned Parenthood health centers,” and “Planned Parenthood clinics.” For purposes of this declaration, unless otherwise indicated, those terms refer to the health centers owned and operated by PPFA Members, all of which include the words “Planned Parenthood” in their names.

11. As further explained below, restricting Planned Parenthood’s ability to provide essential health care services jeopardizes the health of patients and risks serious adverse public health outcomes—in particular, an increase in unintended pregnancies and attendant

complications, and an increase in undiagnosed and therefore untreated sexually transmitted infections. Because many patients rely on publicly funded healthcare services, the resulting increase in covered births, complications, and STIs will mean Section 71113 will lead to a net *increase* in public spending.

12. I begin by providing an overview of Planned Parenthood’s role in the system of providing reproductive health care to safety-net patients, *i.e.*, patients who receive such services through publicly funded health care programs. I then explain that if Planned Parenthood Members are excluded from receiving federal funds in the form of Medicaid reimbursement for the health care services they provide, alternative providers will not be able to fill the gaps in services that would result. I further explain below that serious public health consequences will result from Section 71113’s exclusion of Planned Parenthood from the safety-net of health care providers that provide federally funded health care services under Medicaid and the lack of alternative providers who can offer similar services.

## **I. PLANNED PARENTHOOD MEMBERS’ CENTRAL ROLE IN PROVIDING REPRODUCTIVE HEALTH CARE**

### **A. Background Information on Medicaid**

13. Below, I provide a brief description of Medicaid and explain Planned Parenthood’s important role in providing health care to patients under those programs.

14. Millions of Americans rely on publicly funded programs, such as Medicaid, for all or a portion of their health care needs. Medicaid is a joint federal and state program that, together with the Children’s Health Insurance Program (“CHIP”), provides health coverage to over 78

million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities.<sup>1</sup> Medicaid is the single largest source of health coverage in the United States.<sup>2</sup>

15. States are not required to participate in the Medicaid program, but all states and the District of Columbia currently participate.<sup>3</sup> The federal share of Medicaid funding varies from state to state, but in every state, the majority of funding for the program is provided by the federal government.

16. Medicaid was initially enacted as a safety-net health coverage program for individuals with low incomes, with a particular emphasis on dependent children and their mothers, individuals with disabilities, and the elderly.<sup>4</sup> When a state chooses to participate in the Medicaid program, federal law requires states to cover certain groups of individuals. Low-income families, qualified children and pregnant women, and individuals receiving Supplemental Security Income are examples of mandatory eligibility groups.<sup>5</sup>

17. The Affordable Care Act of 2010 created the opportunity for states to expand Medicaid to cover nearly all low-income Americans under age 65. In particular, states have the

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<sup>1</sup> *Eligibility Policy*, <https://www.medicaid.gov/medicaid/eligibility-policy> (last visited July 1, 2025).

<sup>2</sup> *Id.*

<sup>3</sup> Alison Mitchell et al., Cong. Rsch. Serv., R43357, *Medicaid: An Overview* (2025), <https://www.congress.gov/crs-product/R43357>.

<sup>4</sup> *Program History and Prior Initiatives*, Medicaid, <https://www.medicaid.gov/about-us/program-history> (last visited July 3, 2025); *Why did they do it that way? Eligibility policy*, National Association of Medicaid Directors, (Nov. 13, 2023), <https://medicaiddirectors.org/resource/why-did-they-do-it-that-way-eligibility-policy> (last visited July 3, 2025).

<sup>5</sup> *See List of Medicaid Eligibility Groups, Mandatory Categorically Needy*, Medicaid, <https://www.medicaid.gov/medicaid/eligibility/downloads/list-of-eligibility-groups.pdf> (last visited July 1, 2025).

option to extend eligibility to adults with incomes at or below 133% of the federal poverty level.<sup>6</sup> Forty-one states, including Massachusetts, Ohio, and Maryland, as well as the District of Columbia, chose to expand coverage to adults.<sup>7</sup> Ten states have not done so.<sup>8</sup> Nearly 40% of adult women of reproductive age who are enrolled in Medicaid are covered through the expansion pathway.<sup>9</sup>

18. Medicaid is an entitlement program; if a patient is entitled to receive benefits under the program's criteria, then the patient may enroll and receive health care services from Medicaid providers.

19. As relevant to this case, Medicaid reimburses health care providers for covered services that they have delivered to eligible patients. Many health care providers do not participate in Medicaid because reimbursement rates are often considered low and thus less financially viable.<sup>10</sup> States have the option to require cost-sharing (such as deductibles and copays) from beneficiaries, but those cost-sharing requirements are generally nominal, and under federal law they cannot be imposed for family planning services.<sup>11</sup>

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<sup>6</sup> Eligibility Policy, *supra* note 1.

<sup>7</sup> *Status of State Action on the Medicaid Expansion Decisions*, Kaiser Family Foundation (May 9, 2025), <https://www.kff.org/status-of-state-medicaid-expansion-decisions/>.

<sup>8</sup> *Id.*

<sup>9</sup> *5 Key Facts About Medicaid and Family Planning*, Kaiser Family Foundation (May 29, 2025), <https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-and-family-planning/>.

<sup>10</sup> See, e.g., *Evaluating the Effects of Medicaid Payment Changes on Access to Physician Services*, Medicaid and CHIP Payment and Access Commission, 1 (Jan. 2025), <https://www.macpac.gov/wp-content/uploads/2025/01/Evaluating-the-Effects-of-Medicaid-Payment-Changes-on-Access-to-Physician-Services.pdf>.

<sup>11</sup> See 42 CFR 447.56(a)(2)(ii) ("The agency may not impose cost sharing for ... family planning services and supplies.").



20. There are several types of providers, including Planned Parenthood Members, that use Medicaid and other sources of federal funding to provide health care services to safety-net patients.<sup>12</sup> For example, community health centers (“CHCs”) and federally qualified health centers (“FQHCs”) provide health care services to low-income individuals in medically underserved or areas where there is a health professional shortage.<sup>13</sup> Unlike Planned Parenthood, those providers usually do not specialize in family planning; rather, they may provide, among others, primary care, dental care, and/or mental health services.

**B. Planned Parenthood Members’ Crucial Public Health Role in Providing Publicly Funded Health Care**

21. Planned Parenthood plays a central role in the national fabric of federally-funded health care providers. In 2023, Planned Parenthood health centers served over two million patients, collectively delivering around 9.5 million services.<sup>14</sup> In 2022, 53% of Planned

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<sup>12</sup> Title X is a federally-funded health care program dedicated to providing primarily low-income individuals with comprehensive family planning and related preventive health services. Unlike Medicaid reimbursement, Title X grantees receive finite grant awards.

<sup>13</sup> For the purposes of this report, the majority of my opinions are focused on FQHCs, rather than public health clinics, hospital outpatient clinics, or other facilities where patients may seek health care services. Though all these facilities are integral to the health care provider network, this report compares the services and impact of Planned Parenthood health centers with those of FQHCs based on available data and because these providers primarily serve similar populations of patients.

<sup>14</sup> Planned Parenthood Federation of America, *A Force for Hope, Planned Parenthood Annual Report 2023-2024*, at 23 (2023-2024), [https://www.plannedparenthood.org/uploads/filer\\_public/ec/6d/ec6da0d6-98e5-4278-8d11-99a5cba8e615/2024-ppfa-annualreport-c3-digital.pdf](https://www.plannedparenthood.org/uploads/filer_public/ec/6d/ec6da0d6-98e5-4278-8d11-99a5cba8e615/2024-ppfa-annualreport-c3-digital.pdf).

Parenthood patients relied on Medicaid and other government-funded health care programs to pay for their care.<sup>15</sup>

**1. Planned Parenthood Health Clinics Serve a Critical Mass of Patients Seeking Family Planning Services**

22. Planned Parenthood health centers are critical both in terms of the types of services they provide and the population they serve. The volume and breadth of Planned Parenthood health centers' provision of contraceptive services sets them apart from other safety-net providers. Among health care providers who accept Medicaid, Planned Parenthood Members serve contraceptive-seeking patients in numbers that are disproportionate to their collective size.<sup>16</sup> The Guttmacher Institute, a sexual and reproductive health-focused research and policy organization, estimated that in 2020, Planned Parenthood health centers comprised just 6% of publicly funded clinics providing contraceptive services, but 33% (1.6 million) of all female contraceptive clients

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<sup>15</sup> It is my understanding that the other 47% of Planned Parenthood patients pay for care out of pocket or through private insurance based on Planned Parenthood's sliding fee scale. *See Planned Parenthood patients rely on the Title X family planning program for health care*, Planned Parenthood Federation of America (Mar. 12, 2025), <https://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-patients-rely-on-the-title-x-family-planning-program-for-health-care> (last visited July 3, 2025); *see also Rightfully Ours*, Planned Parenthood Federation of America, <https://www.plannedparenthoodaction.org/rightfully-ours/for-planned-parenthood#:~:text=In%202023%2C%20there%20were%20more,to%20pay%20for%20their%20care> (last visited July 1, 2025).

<sup>16</sup> The majority of Medicaid beneficiaries ages 15-49 who receive family planning services at a Planned Parenthood clinic received contraceptive and STI services. *The Impact of Medicaid and Title X on Planned Parenthood*, Kaiser Family Foundation (updated April 30, 2025), <https://www.kff.org/medicaid/issue-brief/the-impact-of-medicaid-and-title-x-on-planned-parenthood/>.

(4.7 million) who visited a publicly funded clinic visited a Planned Parenthood health center.<sup>17</sup> Moreover, according to a newly released health tracking poll, one in three women state that they have gone to a Planned Parenthood clinic for care, as well as one in ten men, and nearly half of Black women.<sup>18</sup> In 2020, each Planned Parenthood clinic served on average 2,640 female contraceptive patients, compared with 330 female contraceptive patients served on average at an FQHC, 320 served at a health department, and 410 served at a hospital.<sup>19</sup> In 2021, 11% of all female Medicaid beneficiaries ages 15-49 who received family planning services went to a Planned Parenthood health center.<sup>20</sup> A study of publicly funded clinics providing family planning services found that in 2022-2023, 47% of Planned Parenthood health centers cared for at least 50 contraceptive patients each week, compared with only 6% of health department sites and 25% of FQHCs that serve the same volume of clients.<sup>21</sup>

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<sup>17</sup> In comparison, public health departments accounted for 20% of publicly funded clinics and served 13% of all contraceptive clients in 2020. FQHCs administered 58% of clinics and served 38% of clients. Hospital outpatient sites accounted for 7% of clinics and served 9% of clients. Other independent clinics represented 9% of total clinics and served 7% of clients. Jennifer J. Frost et al., *Publicly Supported Family Planning Services in the United States: Likely Need, Availability and Use, 2020*, Guttmacher Inst., 8, App. Table 7 (May 2025), <https://www.guttmacher.org/report/publicly-supported-FP-services-US-2020>; see also *Federally Qualified Health Centers Could Not Readily Replace Planned Parenthood*, Guttmacher Inst. (May 13, 2025) <https://www.guttmacher.org/news-release/2025/federally-qualified-health-centers-could-not-readily-replace-planned-parenthood>.

<sup>18</sup> Brittini Frederiksen et al., *Major Federal and State Funding Cuts Facing Planned Parenthood*, Kaiser Family Foundation (May 15, 2025), <https://www.kff.org/womens-health-policy/issue-brief/major-federal-and-state-funding-cuts-facing-planned-parenthood/>.

<sup>19</sup> *Federally Qualified Health Centers Could Not Readily Replace Planned Parenthood*, Guttmacher Inst. (May 13, 2025) <https://www.guttmacher.org/news-release/2025/federally-qualified-health-centers-could-not-readily-replace-planned-parenthood>.

<sup>20</sup> *The Impact of Medicaid and Title X on Planned Parenthood*, *supra* note 16.

<sup>21</sup> Alicia VandeVusse et al., *Publicly Supported Family Planning Clinics in 2022-2023: Trends in Service Delivery Practices and Protocols*, Guttmacher Inst., 13, App. Table 1 (2024), [https://www.guttmacher.org/sites/default/files/report\\_pdf/publicly-supported-family-planning-clinics-2022-2023.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/publicly-supported-family-planning-clinics-2022-2023.pdf).

23. Planned Parenthood Members are well regarded for providing high quality, culturally competent care, and patients often choose to seek care at Planned Parenthood health centers over other health care providers.<sup>22</sup> Studies confirm that “Planned Parenthood clinics have shown a higher quality of care for family planning services compared with other provider types.”<sup>23</sup> Planned Parenthood health centers are also more likely than all other types of publicly funded clinics to institute written counseling protocols for health screenings like intimate partner violence and substance abuse.<sup>24</sup>

24. For example, a 2021 study of women seeking services at Planned Parenthood health centers found that nearly 60% of surveyed participants chose Planned Parenthood over other health care centers because they “want[ed] to support [Planned Parenthood] health centers.”<sup>25</sup> Patients reported that Planned Parenthood clinics had increased appointment availability compared to other clinics, were easy to get to, and that staff understood their needs. Notably, patients also frequently identified that they could get services at Planned Parenthood clinics in a confidential manner that they could not receive at other clinics.<sup>26</sup>

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<sup>22</sup> See Anna Newton-Levinson et al., *Influences on Women’s Care Seeking at Planned Parenthood Health Centers in Two Southern States*, 31-5 Women’s Health Issues 485 (2021), [doi: 10.1016/j.whi.2021.03.003].

<sup>23</sup> Marion W. Carter et al., *Referral Practices Among U.S. Publicly Funded Health Centers that Offer Family Planning Services*, 27 Jour. Women’s Health 994 (Aug. 2018), [doi: 10.1089/jwh.2017.6487].

<sup>24</sup> Marion W. Carter et al., *Four Aspects of the Scope and Quality of Family Planning Services in US Publicly Funded Health Centers: Results from a Survey of Health Center Administrators*, 94 Contraception 340, 342-343, Table 4 (2016), [doi: 10.1016/j.contraception.2016.04.009].

<sup>25</sup> Newton-Levinson et al., *supra* note 22, at 489.

<sup>26</sup> *Id.* at 490.

25. Relative to FQHCs, Planned Parenthood health centers are also likely to have staff trained to address the special needs of certain groups of clients.<sup>27</sup> Specifically, Planned Parenthood health centers had training to work with adolescents (91% of Planned Parenthood facilities to 72% of FQHCs); lesbian or gay individuals (83% to 46%); individuals experiencing intimate partner violence (81% to 68%); non-English-speaking individuals (82% to 65%); and men (77% to 59%).<sup>28</sup> A provider's cultural competence is particularly important for underrepresented groups. For example, in a study of Latino adolescents, the authors expressed that optimal pregnancy-prevention programs caring for Latino youth should include the following: having culturally sensitive and nonjudgmental staff, being responsive to Latino subgroup differences, emphasizing education, and recognizing cultural values regarding gender roles.<sup>29</sup>

## **2. Planned Parenthood Members Readily Provide A Full Range of Accepted Contraceptive Services**

26. Planned Parenthood health centers are often the only reproductive health care provider available to patients seeking publicly funded services. Moreover, in 238 of the 415 counties where Planned Parenthood health centers were located in 2015, Planned Parenthood health centers served at least half of the women obtaining publicly supported contraceptive

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<sup>27</sup> Jennifer J. Frost et al., *Variation in Service Delivery Practices Among Clinics Providing Publicly Funded Family Planning Services in 2010*, Guttmacher Inst., 12 (2012), [https://www.guttmacher.org/sites/default/files/report\\_pdf/clinic-survey-2010.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/clinic-survey-2010.pdf). Although this study is from 2012, it is my opinion that the findings from this study, as well as others cited in this report, reflect current program information about family planning clinics and the services they provide.

<sup>28</sup> *Id.* at 22, 38, Table 9.

<sup>29</sup> Anne K. Driscoll et al., *In Their Own Words: Pregnancy Prevention Needs of Latino Teen Mothers*, 1 Cal. Journal of Health Promotion 118, 120 (2003).

services from a safety-net health center.<sup>30</sup> In 38 of the 415 counties where Planned Parenthood health centers were located in 2015, Planned Parenthood was the only safety-net family planning center in that county.<sup>31</sup> As of 2017, almost two-thirds (64%) of the 20 million women in need of publicly funded contraceptive care lived in counties with a Planned Parenthood health center.<sup>32</sup> Moreover, 24% of those women lived in counties where a Planned Parenthood Member serves the majority of those obtaining publicly supported contraceptive care from safety-net providers.<sup>33</sup>

27. In addition to providing contraceptive care to a large number of patients, Planned Parenthood Members provide a broader range of contraceptive methods relative to other providers.<sup>34</sup> Planned Parenthood clinics are much more likely than other publicly funded clinics providing family planning services to have met the CDC's objective to provide the full range of U.S. Food and Drug Administration ("FDA")-approved methods of contraception (94% of Planned

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<sup>30</sup> Kinsey Hasstedt, *Understanding Planned Parenthood's Critical Role in the Nation's Family Planning Safety Net*, 20 Guttmacher Pol'y Rev. 12, 14 (2017), [https://www.guttmacher.org/sites/default/files/article\\_files/gpr2001216.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr2001216.pdf).

<sup>31</sup> *Id.*

<sup>32</sup> Memorandum from Jennifer J. Frost & Mia R. Zolna, Guttmacher Institute, to Senator Patty Murray, Ranking Member, Senate Health, Education, Labor and Pensions Committee, May 3, 2017, at 3, [https://www.guttmacher.org/sites/default/files/article\\_files/guttmacher-murray-memo-2017.pdf](https://www.guttmacher.org/sites/default/files/article_files/guttmacher-murray-memo-2017.pdf). "Women in need of publicly funded contraceptive care" are defined as "[t]hose women who a) are younger than 20 or are poor or low-income (i.e., have a family income less than 250% of the federal poverty level) and b) are sexually active and able to become pregnant but do not want to become pregnant." *Id.* at 8.

<sup>33</sup> *Id.* at 3.

<sup>34</sup> See, e.g., Carter et al., *supra* note 24, at 342; VandeVusse et al., *supra* note 21, at 10 ("Planned Parenthood facilities continue to exhibit the widest selection of contraceptive methods.").

Parenthood clinics vs. 52-77% of other types of clinics),<sup>35</sup> which is important so that people can have greater alternatives in choosing their preferred methods, avoid unintended pregnancies, and more effectively plan the timing of their pregnancies to maximize birth outcomes. Providing the full range of contraceptive options is also recommended by the American College of Obstetricians and Gynecologists (“ACOG”), the nation’s leading organization of obstetricians and gynecologists.<sup>36</sup> In 2022-2023, 90% of Planned Parenthood centers provided at least 10 reversible contraceptive methods on-site, compared with 64-84% of other publicly funded clinics providing family planning services.<sup>37</sup>

28. Notably, Planned Parenthood health centers lead the way in providing intrauterine devices (“IUD”s) and contraceptive implants, both referred to as long-acting reversible contraception (“LARC”) methods, to patients. LARCs are widely recognized as the most medically effective and cost-effective forms of contraception,<sup>38</sup> and ACOG has accordingly

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<sup>35</sup> VandeVusse et al., *supra* note 21, at 14, App. Table 2; *see also* Healthy People 2030, *Family Planning, Overview and Objectives*, Office of Disease Prevention and Health Promotion, <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning> (last visited June 2, 2025).

<sup>36</sup> ACOG, Committee Opinion No. 615, *Access to Contraception*, 3 (Jan. 2015, reaffirmed 2022), <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/01/access-to-contraception> (“All FDA-approved contraceptive methods should be available to all insured women without cost sharing....”).

<sup>37</sup> VandeVusse et al., *supra* note 21, at 14, App. Table 2.

<sup>38</sup> ACOG, Committee Opinion No. 186, *Long-Acting Reversible Contraception Implants and Intrauterine Devices* (Nov. 2017, reaffirmed 2024), <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2017/11/long-acting-reversible-contraception-implants-and-intrauterine-devices> (characterizing implants and IUDs as among the most effective methods of contraception); James Trussell et al., *Cost Effectiveness of Contraceptives in the United States*, 79 *Contraception* 5, 13 (2009); Paul D. Blumenthal et al., *Strategies to Prevent Unintended Pregnancy: Increasing Use of Long-Acting Reversible Contraception*, 17 *Human Reproduction Update* 121, 131 (2011).

recommended that clinicians encourage appropriate candidates to consider LARCs.<sup>39</sup> As of 2022-2023, Planned Parenthood health centers are more likely than other publicly funded health centers providing family planning services, including FQHCs, to offer a patient a LARC method (99% of Planned Parenthood clinics versus 64-84% of other types of clinics).<sup>40</sup>

29. Planned Parenthood health centers are also more likely than other publicly funded clinics providing family planning services to offer same-day LARC insertion,<sup>41</sup> a practice also recommended by ACOG.<sup>42</sup> Same-day LARC insertion is widely viewed as an essential component of effective family planning, because it eliminates the time and cost associated with follow-up visits and the risk that patients will be unable to return at a later time or will become pregnant in the interim.<sup>43</sup> Planned Parenthood's role in providing such effective methods of contraception is essential in helping to reduce the number of unintended and mistimed pregnancies.

30. Planned Parenthood health centers also stand out for their emergency contraception offerings. They are more likely than other types of publicly funded family planning providers to

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<sup>39</sup> *Id.*

<sup>40</sup> VandeVusse et al., *supra* note 21, at 14.

<sup>41</sup> *Id.* at 7, 15, App. Table 3.

<sup>42</sup> ACOG, Committee Opinion No. 615, *supra* note 36, at 4 (“Another common practice is requiring one medical appointment to discuss initiation of a LARC method and a second for placement of the device ... Clinicians are encouraged to initiate and place LARC in a single visit as long as pregnancy may be reasonably excluded”).

<sup>43</sup> M. Antonia Biggs et al., *California Family Planning Health Care Providers' Challenges to Same-Day Long-Acting Reversible Contraception Provision*, 126 *Obstetrics & Gynecology* 338, 338 (2015) (“Same-day insertion protocols lessen patient burden, costs associated with additional visits, and the risk of experiencing an unintended pregnancy between the initial and subsequent visit.”); *Bridging the Divide: Current Research and Policy on Long-Acting Reversible Contraception (LARC): Key Points for Policymakers*, Jacobs Institute of Women's Health, 8 (2016), [https://jiwh.publichealth.gwu.edu/sites/g/files/zaxdzs6301/files/2023-09/larc\\_key\\_points.pdf](https://jiwh.publichealth.gwu.edu/sites/g/files/zaxdzs6301/files/2023-09/larc_key_points.pdf) (some women who would like to use a LARC method may not be able to return for a return visit for insertion).



offer emergency contraceptive pills (100% compared to 68-93% among other publicly funded clinics).<sup>44</sup> They are also more likely to dispense or prescribe oral emergency contraceptives ahead of time, so they are readily available to patients when needed without travel or wait times.<sup>45</sup> Planned Parenthood facilities are also more likely than others to offer copper IUDs as a method of emergency contraception.<sup>46</sup>

31. In addition to providing a broader range of contraceptive methods, according to a 2015 study, Planned Parenthood health centers were more likely than all other types of publicly funded clinics to implement contraceptive counseling protocols, which help patients maximize their ability to use their method of contraception effectively.<sup>47</sup> In 2022-2023, Planned Parenthood health centers were also more likely than all other provider types to offer at least a twelve-month pill supply when providing oral contraceptives, which prevents patients from having inadequate

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<sup>44</sup> VandeVusse et al., *supra* note 21, at 14, Table 2.

<sup>45</sup> *Id.* at 7 (“Planned Parenthood facilities were most likely to carry out this advanced provision of emergency contraception (81%), while FQHCs were the least likely (28%)”); *see also* ACOG, Frequently Asked Questions No. 114, Emergency Contraception (last updated April 2025), <https://www.acog.org/womens-health/faqs/emergency-contraception> (individuals can get emergency contraceptive pills ahead of time so they are available if needed).

<sup>46</sup> VandeVusse et al., *supra* note 21, at 14, App. Table 2; ACOG, Frequently Asked Questions No. 114, *supra* note 45 (copper IUD is most effective form of emergency contraception).

<sup>47</sup> *See, e.g.,* Carter et al., *supra* note 24, at 342-43, Table 2.

protection if they are unable to return for additional supplies.<sup>48</sup> Nearly all (98%) Planned Parenthood health centers used the quick-start protocol for oral contraceptives,<sup>49</sup> compared with 50-76% for all other clinic types.<sup>50</sup> Nearly all (98%) Planned Parenthood health centers dispense oral contraceptives without a pelvic exam,<sup>51</sup> which historically was a precondition for potential contraceptive patients, but are now considered by broad medical consensus to be unnecessary in most cases.<sup>52</sup> That figure compares favorably with 54-79% for all other clinic types.<sup>53</sup> This is important because the requirement of a pelvic exam, which involves instruments being placed in

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<sup>48</sup> VandeVusse et al., *supra* note 21, at 15, Table 3; ACOG, Committee Opinion No. 788, *Over-the-Counter Access to Hormonal Contraception* (2012, reaffirmed 2025), <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/10/over-the-counter-access-to-hormonal-contraception> (“Access to multiple OCP packs at one time ... results in higher rates of continuation.”); Diana Greene Foster et al., *Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies*, 117 *Obstetrics & Gynecology* 566, 569 (2011) (“Dispensing a 1-year supply [of oral contraceptives, as opposed to a 1-month or 3-month supply] is associated with a 30% reduction in the odds of conceiving a pregnancy in the subsequent year and a 46% reduction in the odds of an abortion....”).

<sup>49</sup> The quick-start protocol, *i.e.*, starting contraceptive use on the day of an office visit, improves initial continuation rates for use of oral contraceptives. *U.S. Selected Practice Recommendations for Contraceptive Use, 2013*, CDC, 62 *Morbidity & Mortality Wkly. Rep.*, 23 (2013), <https://www.cdc.gov/mmwr/pdf/rr/rr62e0614.pdf>.

<sup>50</sup> VandeVusse et al., *supra* note 21, at 15, App. Table 3.

<sup>51</sup> *Id.*

<sup>52</sup> Loretta Gavin et al., *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*, 63 *Morbidity & Mortality Wkly. Rep.*, No. 4, 11 (2014), <https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>. Pelvic exams can cause fear and discomfort and are “not needed routinely to provide contraception safely to a healthy client.”; *see also* ACOG, Committee Opinion No. 615, *supra* note 36, at 4 (“There is no medical or safety benefit to requiring routine pelvic examination or cervical cytology before initiating hormonal contraception. The prospect of such an examination may deter a woman, especially an adolescent, from having a clinical visit that could facilitate her use of a more effective contraceptive method than those available over the counter.”).

<sup>53</sup> VandeVusse et al., *supra* note 21, at 15, App. Table 3. In general, family planning-focused providers, like Planned Parenthood, are more likely than primary care/multi-specialty providers, like most FQHCs, to not misinform clients that pelvic exams or STI tests were necessary prior to contraceptive initiation.

the vagina, can be a significant deterrent for some patients to seek care, especially those who are victims of sexual assault.

32. Planned Parenthood health clinic's broad range of available contraceptive methods, coupled with its client-centered counseling and advising, provide patients with the flexibility to determine the preferred, client-centered family planning care treatment for their lifestyles.

### **3. Planned Parenthood Health Centers Readily Provide STI Testing and Treatment**

33. In addition to the provision of contraceptives, Planned Parenthood health centers play an important public health role in screening for human immunodeficiency virus ("HIV") and other STIs. In 2023, Planned Parenthood health centers provided 5,132,330 STI tests and treatments, among which included 769,851 HIV tests.<sup>54</sup> Planned Parenthood health centers are more likely to provide pre-exposure prophylaxis ("PrEP"), a medication taken by HIV-negative individuals to significantly reduce the risk of acquiring HIV.<sup>55</sup> 97% of Planned Parenthood health centers offer PrEP for patients, compared to only 33% of health departments and 69% of FQHCs.<sup>56</sup> In providing these tests and treatments, according to a 2012 study, Planned Parenthood health centers were more likely to use rapid-result testing for HIV (tests that provide results more quickly than other forms of testing) than other publicly funded family planning clinics, such as FQHCs, public health departments, and hospital outpatient clinics, enabling patients to begin treatment more quickly.<sup>57</sup> And, the experience by Planned Parenthood health clinics in promoting and

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<sup>54</sup> Planned Parenthood Federation of America, *A Force for Hope: Planned Parenthood Annual Report 2023-2024*, *supra* note 14, at 23.

<sup>55</sup> VandeVusse et al., *supra* note 21, at 8, 16, Table 4.

<sup>56</sup> *Id.*

<sup>57</sup> Frost et al., *Variation in Service Delivery Practices Among Clinics Providing Publicly Funded Family Planning Services in 2010*, *supra* note 27, at 12.

delivering PrEP has provided valuable insight to increasing access to and culturally competent communications about PrEP.<sup>58</sup>

#### 4. **Planned Parenthood Members Provide Accessible Services for Adolescents**

34. Adolescents and young adults are populations that often have difficulty obtaining family planning services, and Planned Parenthood health centers offer high quality care to the substantial number of adolescents and young adults they serve.<sup>59</sup> For example, in 2015, 97% of Planned Parenthood health centers provided LARCs to adolescent patients, compared to 57-76% of other types of publicly funded family planning providers.<sup>60</sup> One study found that certain facility practices that are targeted to teens and young adults, such as more flexible hours, teen-friendly decor, online scheduling, and social media usage, were more prevalent at Planned Parenthood health centers than other providers.<sup>61</sup> In addition, researchers suggest that Planned Parenthood's name recognition may avoid some of the lack-of-knowledge barriers that prevent adolescents from

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<sup>58</sup> Brittany Wilbourn et al., *Preexposure Prophylaxis Implementation in a Reproductive Health Setting: Perspectives From Planned Parenthood Providers and Leaders*, 24 Health Promotion Practice 764 (2022) [doi:10.1177/15248399221086616].

<sup>59</sup> Katherine H. Mead et al., *The Role of Federally Qualified Health Centers in Delivering Family Planning Services to Adolescents*, 57 J. Adolescent Health 87, 87-88 (2015) (summarizing reasons why adolescents have difficulty obtaining adequate family planning care); Megan L. Kavanaugh et al., *Meeting the Contraceptive Needs of Teens and Young Adults: Youth-Friendly and Long-Acting Reversible Contraceptive Services in U.S. Family Planning Facilities*, 52 J. Adolescent Health 284, 286 (2013).

<sup>60</sup> Mia R. Zolna & Jennifer Frost, *Publicly Funded Family Planning Clinics in 2015: Patterns and Trends in Service Delivery Practices and Protocol*, Guttmacher Inst., 22, fn. 19 (Nov. 2016), [https://www.guttmacher.org/sites/default/files/report\\_pdf/publicly-funded-family-planning-clinic-survey-2015\\_1.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/publicly-funded-family-planning-clinic-survey-2015_1.pdf) (last visited July 3, 2025).

<sup>61</sup> Kavanaugh et al., *supra* note 59, at 286. In 2022-2023, Planned Parenthood health centers were more likely than other publicly funded family planning clinics to offer extended (evening and/or weekend) clinic hours (70% compared to 3-53%). VandeVusse et al., *supra* note 21, at 13, App. Table 1.

obtaining care at other publicly funded providers.<sup>62</sup> One study found that a young woman's likelihood of becoming a mother and dropping out of high school decreased with a local presence of a Planned Parenthood health center.<sup>63</sup>

## II. **OTHER PUBLICLY FUNDED HEALTH CLINICS WILL NOT FILL THE GAP LEFT BY PLANNED PARENTHOOD MEMBERS' EXCLUSION FROM MEDICAID**

35. By excluding Planned Parenthood Members from federal Medicaid funding upon enactment, Section 71113 creates an immediate health care crisis for over a million patients, and will place enormous strain on other publicly funded health care providers.<sup>64</sup> The loss of Medicaid funding could force over a million family planning patients who previously received care at Planned Parenthood health centers to seek care at alternative sites such as FQHCs. But, although FQHCs are a large and important part of the nation's primary health care safety-net, they will not be able to meet the need of providing care to Planned Parenthood Members' Medicaid patients

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<sup>62</sup> Mead et al., *supra* note 59, at 87, 92.

<sup>63</sup> Katherine Hicks-Courant & Aaron Schwartz, *Local Access to Family Planning Services and Female High School Dropout Rates*, 127 *Obstetrics & Gynecology* 699, 703 (2016), [doi: 10.1097/AOG.0000000000001344]. This study found that the abortion services provided at some Planned Parenthood clinics "did not drive the association between the clinics and reduced high school dropout rates."

<sup>64</sup> Press Release, Guttmacher Institute, *Federally Qualified Health Centers Could Not Readily Replace Planned Parenthood* (updated June 4, 2025), <https://www.guttmacher.org/news-release/2025/federally-qualified-health-centers-could-not-readily-replace-planned-parenthood>; Sara Rosenbaum, *Planned Parenthood, Community Health Centers, And Women's Health: Getting the Facts Right*, *Health Affairs* (Sept. 2, 2015), <http://healthaffairs.org/blog/2015/09/02/planned-parenthood-community-health-centers-and-womens-health-getting-the-facts-right>.

because Section 71113 does not provide a reasonable accommodation time for patients and clinics to make adjustments.<sup>65</sup>

36. In my opinion, it is unrealistic to suggest that FQHCs (or any other alternative sites, such as public health clinics, hospitals, etc.) could possibly ramp up services quickly enough to fill the sudden gap left by disqualifying Planned Parenthood Members from federal Medicaid reimbursement.

37. There are at least four critical flaws with the assumption that family planning services can be transferred from Planned Parenthood health centers to FQHCs or other publicly funded health care providers without any significant loss of care.

38. The four critical flaws are: (1) it would take substantial additional time for FQHCs to hire staff and make other changes needed to meet the needs of over a million new family planning patients; (2) FQHCs may not be located near Planned Parenthood health centers, so they may not be accessible to large numbers of patients displaced from Planned Parenthood; (3) FQHCs do not offer the same range of reproductive services that Planned Parenthood health centers offer, so transferring patients may not be able to obtain the type of care they need, or else receive care from a provider with less expertise in the services sought; and (4) any additional funding (if any) would not help to compensate for the loss of Planned Parenthood services because it would take the federal administering agency months to even allocate new funds to FQHCs.

39. The net result is that FQHCs could not realistically respond in a timely fashion to fill the gap left by the barring of Medicaid reimbursement to Planned Parenthood health centers.

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<sup>65</sup> Press Release, Guttmacher Institute, *supra* note 64; Sara Rosenbaum, *Can Community Health Centers Fill the Health Care Void Left by Defunding Planned Parenthood?*, Health Affairs (Jan. 27, 2017), <http://healthaffairs.org/blog/2017/01/27/can-community-health-centers-fill-the-health-care-void-left-by-defunding-planned-parenthood>.

Over a million patients would likely experience a serious gap in access to family planning services, which could result in increases in unplanned pregnancies and births as well as other health problems, such as untreated STIs or cancers detected too late due to missed cancer screenings. For those patients who use Planned Parenthood Members as their primary health care providers, the denial of Medicaid reimbursement to Planned Parenthood Members may also lead to other health impacts.

**A. FQHCs Would Require Substantial Time to Meet the Needs of Over a Million New Family Planning Patients**

40. *First*, to serve Planned Parenthood Members' existing Medicaid patients, FQHCs would have to immediately recruit and hire medical staff, as well as expand their space (e.g., exam rooms) and stock of supplies, such as intrauterine devices or oral contraceptives. As explained before, given that an average Planned Parenthood center serves 2,640 contraceptive patients per year while an average FQHC site serves 320,<sup>66</sup> an FQHC near a Planned Parenthood center that closed down would need to increase the number of contraceptive patients served by almost ten times in order to absorb those who can no longer go to Planned Parenthood because of Section 71113.

41. Planned Parenthood Members' exclusion from Medicaid will likely result in patients who are motivated to protect against unintended pregnancies to seek contraceptive care from other providers. For example, FQHC sites offering contraceptive care would have to, virtually overnight, increase their capacity to provide these services by 56%—an additional one million contraceptive clients.<sup>67</sup> Public health department sites offering contraceptive care would

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<sup>66</sup> Press Release, Guttmacher Institute, *supra* note 64.

<sup>67</sup> *Id.*

have to increase their capacity to provide these services by 28%—an additional 168,000 contraceptive patients.<sup>68</sup> Hospital sites offering contraceptive care would have to increase their capacity to provide these services by 53%—an additional 344,000 contraceptive patients.<sup>69</sup> And other sites offering contraceptive care would have to increase their capacity to provide these services by 55%—an additional 189,000 contraceptive patients.<sup>70</sup> Not included in these numbers are the likely increase in wait times, decreased access nearby clinics, and gaps in the services provided as a result of Planned Parenthood Members' absence.<sup>71</sup>

42. But FQHCs already struggle to fill existing vacancies and frequently suffer staffing shortages owing to their locations in medically underserved areas. By statute, FQHCs only operate in areas that are designated as medically underserved areas, even before Section 71113 went into effect, or as health professional shortage areas, so they typically struggle to hire trained health staff. Almost all FQHCs (95%) have at least one clinical vacancy at any given time.<sup>72</sup> More than two thirds (69%) have a vacancy for a family physician, half (50%) have a vacancy for a nurse practitioner, and have a 41% vacancy for a registered nurse.

43. Furthermore, it can be particularly difficult and time-consuming for FQHCs to fill staff vacancies for reproductive health providers. For example, the average time to fill an

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<sup>68</sup> *Id.*

<sup>69</sup> *Id.*

<sup>70</sup> *Id.*

<sup>71</sup> *See infra* Section I.B.

<sup>72</sup> *Staffing the Safety Net: Building the Primary Care Workforce at America's Health Centers*, National Association of Community Health Centers (March 2016), [https://hcpsocal.org/wp-content/uploads/2014/05/NACHC\\_Workforce\\_Report\\_2016.pdf](https://hcpsocal.org/wp-content/uploads/2014/05/NACHC_Workforce_Report_2016.pdf).



obstetrician/gynecologist position at an FQHC is about 11 months.<sup>73</sup> When FQHCs have challenges meeting their current staffing needs, it is inherently impracticable for them to rapidly meet new and sudden unanticipated needs to serve over a million patients who would be displaced from Planned Parenthood health centers (as well as other patients who might be affected if Planned Parenthood health centers must close or curtail services).

44. This point is illustrated by a study in which researchers interviewed alternative providers, such as FQHCs, in the vicinity of five Texas Planned Parenthood clinics to learn if they had the capacity to take in patients that might lose Medicaid funding at Planned Parenthood clinics.<sup>74</sup> The alternative sites generally reported they were already at or close to capacity and would not be able to serve large numbers of additional family planning patients. For example, survey respondents noted that their nurse practitioners or physicians already had full caseloads, and a new patient might need to wait for months for an appointment.

45. Similar findings were reported from a 2021 qualitative interview study that evaluated access to care after Planned Parenthood Members were excluded from the Texas

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<sup>73</sup> *Id.* Rural family planning clinics are more likely to be understaffed and under resourced, compounding the crisis for rural FQHCs. In 2016, 13% of community health centers reported a vacancy for an obstetrician-gynecologist, and between 2006-2008, only 0.6% to 1.4% of all recent US residency graduates went on to practice in rural health centers or FQHCs. Anita Y. Cheng, *Community Health Center Engagement and Training During Obstetrics and Gynecology Residency*, 11 Jour. Graduate Medical Educ., 513 (Oct. 2019) [doi: 10.4300/JGME-D-19-00039.1]; see also Emma Pliskin et al., *Rural and Urban Women Have Differing Sexual and Reproductive Health Experiences*, Child Trends, (Sept. 15, 2022) <https://www.childtrends.org/publications/rural-and-urban-women-have-differing-sexual-and-reproductive-health-experiences> (last visited July 3, 2025).

<sup>74</sup> Leighton C. Ku et al, *Deteriorating Access to Women's Health Services in Texas: Potential Effects of the Women's Health Program Affiliate Rule*, Geiger Gibson/RCHN Community Health Foundation Research Collaborative: Policy Research Brief No. 31 (2012), [https://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1000&context=sphhs\\_policy\\_ggrc](https://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1000&context=sphhs_policy_ggrc) hn.

Medicaid program, discussed in more detail below. The study found Planned Parenthood Medicaid patients experienced challenges accessing care elsewhere, finding other providers, and getting evidence-based care, leading to delayed or forgone care, and emotional distress.<sup>75</sup>

**B. FQHCs May Not Be Practically Accessible To Large Numbers Of Patients Displaced From Planned Parenthood**

46. *Second*, even if FQHCs did have sufficient capacity, many current Planned Parenthood patients would still be unable to obtain care at those health centers.

47. While FQHCs are an important part of this country's health care safety net, in 2020, only 56% of FQHC sites nationwide reported offering contraceptive care to at least 10 women per year—the threshold at which clinics are considered part of the network of safety-net contraceptive providers. FQHC sites each serve an average of 330 female contraceptive patients annually; health department sites serve 320 annually; centers operated by hospitals serve 640 annually; and centers operated by other types of agencies serve 410 annually. By contrast, Planned Parenthood Member health centers each serve an average of 2,640 female contraceptive clients annually.<sup>76</sup>

48. FQHCs and Planned Parenthood health centers are not always located in the same areas, and in many counties the patient population is heavily or even exclusively reliant on Planned Parenthood health centers for reproductive health care. According to 2015 data, in 238 (57%) of the 415 counties with a Planned Parenthood health center, Planned Parenthood served at least half of all safety-net contraceptive patients.<sup>77</sup> Approximately 4.8 million women—24% of all women

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<sup>75</sup> Anna Chatillon et al., *Access to care following Planned Parenthood's termination from Texas' Medicaid Network: A qualitative study*, 128 *Contraception* 110, 141 (2023), [https://www.contraceptionjournal.org/article/S0010-7824\(23\)00235-4/fulltext](https://www.contraceptionjournal.org/article/S0010-7824(23)00235-4/fulltext).

<sup>76</sup> Press Release, Guttmacher Institute, *supra* note 64.

<sup>77</sup> Zolna & Frost, *supra* note 60, at 2.

in need of publicly funded contraceptive care—live in those counties.<sup>78</sup> In 203 counties, FQHCs would have to triple their contraceptive patient workloads in order to provide services for the patients currently being treated at Planned Parenthood health centers.<sup>79</sup> As of 2017, in 54 counties with Planned Parenthood health centers, there were no FQHCs at all.<sup>80</sup> And in 38 of these counties, Planned Parenthood health centers are the sole publicly funded source of reproductive health care services.<sup>81</sup> Analysis by the Congressional Research Service from 2017 reached a similar conclusion: despite the large number of FQHC sites, there are a number of areas in which a Planned Parenthood health center exists, but there is no FQHC in the same county.<sup>82</sup>

49. Thus, even Planned Parenthood Members' very large share of the aggregate provision of reproductive health services does not fully reflect how important Planned Parenthood health centers are to the communities that depend on them as Medicaid providers. In many parts of the country, Planned Parenthood is not just the predominant or preferred provider of reproductive health services—it is the *only* publicly funded option available. Patients in those and surrounding counties may have to travel more than 100 miles to obtain care at an alternative provider, and many of those patients will be unable or unwilling to do so, especially lower-income

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<sup>78</sup> *Id.* at 3.

<sup>79</sup> *Id.* at 5.

<sup>80</sup> *Id.*

<sup>81</sup> *Id.*

<sup>82</sup> Elayne J. Heisler and Victoria L. Elliott, Cong. Rsch. Serv., R44295, Factors Related to the Use of Planned Parenthood Affiliated Health Centers (PPAHCs) and Federally Qualified Health Centers (FQHCs), 25, Table 6 (May 18, 2017).

patients who are likely to have difficulty in finding transportation and meeting child-care and work responsibilities.<sup>83</sup>

**C. FQHCs Do Not Offer The Same Range Of Reproductive Services That Planned Parenthood Centers Offer**

50. *Third*, Planned Parenthood health centers and FQHCs are not substitutes for one another in terms of the services they offer. Under Section 330 of the Public Health Service Act, FQHCs must provide comprehensive primary care services to all patients. Thus, their limited resources must be directed not just to reproductive care, but to all other primary care and preventive needs, including pediatric and geriatric services, mental health, and other services. In 2022-2023, 100% of Planned Parenthood health centers had a primary focus on reproductive health, compared with 8% of FQHCs.<sup>84</sup> Unsurprisingly, then, women of reproductive age are only about a quarter (26%) of all FQHC patients, whereas they represent more than 85% of all Planned Parenthood patients.

51. Research has shown that patients prefer to receive care at specialized clinics, like Planned Parenthood health centers, because such clinics can offer better or faster services such as having oral contraceptives available on site or have same day IUD insertion available.<sup>85</sup> Shifting

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<sup>83</sup> For example, a 2021 study found that increased driving time required for treatment led to an increased likelihood of cost-related healthcare avoidance, reduced likelihood of ever having had a clinical breast examination, and past-year mammogram receipt among female Ohio residents following restrictions on public funding led to clinical closures. Jacqueline Ellison et al., *The Impact of Driving Time to Family Planning Facilities on Preventive Service Use in Ohio*, 60 Am J. Prev. Med. 4 (2021).

<sup>84</sup> VandeVusse et al., *supra* note 21, at 13, App. Table 1.

<sup>85</sup> Jennifer J. Frost et al., *Specialized Family Planning Clinics in the United States: Why Women Choose Them and Their Role in Meeting Women's Health Care Needs*, 22 Women's Health Issues 519 (2012).

to other facilities means that patients may not receive the full range and quality of family planning services that they have come to expect at Planned Parenthood health centers.

52. Research by Guttmacher Institute shows the limitations of FQHCs in this area.<sup>86</sup> As of 2023, only 52% of FQHCs offered the full range of reversible contraceptive services, compared with 94% of Planned Parenthood clinics.<sup>87</sup> In addition, while almost every Planned Parenthood health center offers same day IUD insertion and oral contraceptive pills, only 38% of FQHCs offer same day IUD insertion, and about 50% of FQHCs offer same day oral contraceptive pills.<sup>88</sup>

**D. It Would Take The Federal Administering Agency Months To Allocate New Funds To FQHCs**

53. *Fourth*, Section 71113 does not explain how any additional FQHC funding is to be allocated, and there are significant logistical difficulties in ensuring that the funding is correctly allocated to clinics where there is additional need stemming from the disruption of services at Planned Parenthood health centers. It would not make sense for HRSA, the federal funding agency, to simply increase funding to all FQHCs—most are not in the service areas of Planned Parenthood health centers. Moreover, as discussed above, they are unlikely to be operationally equipped to handle a rapid expansion even if they had additional funding.

54. It is my understanding that the additional funds for FQHCs must be allocated through a grant funding system. In practical terms, this means that HRSA would need to draft and issue a funding notice, receive grant applications from FQHCs, evaluate the applications to decide

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<sup>86</sup> See VandeVusse et al., *supra* note 21.

<sup>87</sup> *Id.* at 14, App. Table 2.

<sup>88</sup> *Id.* at 15, App. Table 3.

which applications to fund, and then release the funds. Here, there is an additional challenge: If the reallocated funds are targeted to provide care to displaced Planned Parenthood patients to buttress the public health impact, then funds ought to be allocated to FQHCs that are close in location to Planned Parenthood health centers, which would require more specialized and time-consuming funding notices and applications.

55. To illustrate the time needed, on May 30, 2024, HRSA released a funding opportunity notice (HRSA-25-085) soliciting applications to support new FQHC service sites for the following fiscal year, beginning on June 1, 2025.<sup>89</sup> There is a significant gap between the announcement of funding availability and the date when funds became available.

56. Following passage of the 2025 Act, FQHCs will likely receive no further federal funds to help them provide service to the over a million patients who would no longer be able to receive those services at Planned Parenthood health centers.

57. In light of these four factors, the overall effect of Section 71113 will likely leave many patients with significantly reduced access to reproductive health care.<sup>90</sup>

58. Moreover, although I have thus far focused on the patients receiving services at Planned Parenthood health centers, Section 71113 will also have devastating effects on the low-income patients that currently receive their care at FQHCs. FQHCs are already stretched to capacity. As noted above, an average FQHC patient typically waits nine days for a general medical

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<sup>89</sup> U.S. Dep't of Health and Human Services, HRSA, *Notice of Funding Opportunity: New Access Points*, No. HRSA-25-085 (May 30, 2024), <https://apply07.grants.gov/apply/opportunities/instructions/PKG00286780-instructions.pdf>.

<sup>90</sup> Even if these patients were to identify viable alternatives to seeking care in FQHCs, they would likely encounter many of the same challenges as described above. It would be important to conduct studies to better document the full impact of Section 71113.

appointment at FQHCs.<sup>91</sup> Because of the difficulty in expanding capacity rapidly, I expect that the typical appointment delay at FQHCs for a family planning patient in areas affected by the loss of Planned Parenthood health centers could exceed one month. Many patients would be discouraged by such a long delay and go without contraception, increasing the risk of an unplanned pregnancy or untreated sexually transmitted infection.<sup>92</sup>

59. The delays would affect not only new family planning patients—those previously served by Planned Parenthood—but also those already receiving a range of care provided at FQHCs. If there is a sudden surge in the number of appointments at an FQHC, the FQHC will typically attempt to serve all patients in an equivalent fashion. If FQHCs are to serve new patients with the same level of staff and resources they had before, then all patients, whether new or established, will have to wait longer for appointments. This can create delays not only in people getting family planning services, but also in delays for other medical care too, such as care for diabetes or heart disease, further burdening health care infrastructure for patients with low incomes.

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<sup>91</sup> Brendan Saloner et al., *The Availability of New Patient Appointments for Primary Care at Federally Qualified Health Centers: Findings From an Audit Study*, The Urban Institute Health Policy Center (April 7, 2014), <https://www.urban.org/sites/default/files/publication/22496/413088-The-Availability-of-New-Patient-Appointments-for-Primary-Care-at-Federally-Qualified-Health-Centers-Findings-From-an-Audit-Study.PDF>.

<sup>92</sup> Brooke Whitfield et al., *Timely Access to Contraception at Medicaid Providers Following the Exclusion of Planned Parenthood from Texas' Medicaid Program*, Univ. of Tex. at Austin, Tex. Policy Eval. Proj., at 3 (Jan. 2022) <https://sites.utexas.edu/txpep/files/2022/01/TxPEP-research-brief-Planned-Parenthood-Medicaid.pdf>.

### III. **BARRING PLANNED PARENTHOOD FROM FEDERAL MEDICAID REIMBURSEMENTS WILL LEAD TO ADVERSE PUBLIC HEALTH OUTCOMES**

60. In my opinion, the overall effect of Section 71113 will thus be to reduce access to high quality health care, particularly for low-income Americans, and to increase the strain on publicly funded providers at the precise moment they are expected to serve an influx of new patients who can no longer receive services from Planned Parenthood Members.

61. Already, publicly funded providers struggle to meet the demand for contraceptive services and supplies. A study conducted in 2020 found that publicly supported family health care providers served only 39% of all women who likely needed support for contraceptive services.<sup>93</sup> In other words, only 7 million out of 19 million women who likely needed public support received these vital health care services.<sup>94</sup>

62. If patients lose access to the health care services or are delayed in accessing care that they currently obtain at Planned Parenthood facilities, the public health consequences will be numerous and severe. These adverse consequences are likely to include, among others, more unintended and therefore riskier pregnancies, potentially resulting in health problems for the women, as well as their infants and children. STIs will also go undetected or be detected later, leading to higher rates of STIs and more severe consequences for patients experiencing these diseases, such as pelvic inflammatory diseases (“PID”) and future infertility. Those adverse consequences are likely to be felt most intensely by historically underserved populations; as studies have shown, people of color in the United States are disproportionately unable to gain access to

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<sup>93</sup> Frost et al., *Publicly Supported Family Planning Services in the United States: Likely Need, Availability and Use, 2020*, *supra* note 17, at Figure 5.

<sup>94</sup> *Id.*



and benefit from high-quality health care.<sup>95</sup> This crisis will be further compounded by other steps the federal government is taking to deprive Planned Parenthood Members of other funding streams, such as withholding Title X funds and restrictions on funds for sex education programs that Planned Parenthood Members provide in community settings.

**A. The Number of Unintended Pregnancies and the Rate of Related Adverse Health Outcomes and Costs Will Likely Increase**

63. Reduced access to Planned Parenthood health centers will lead to reduced access to contraceptives and, in particular, to the most effective forms of contraceptives, which will in turn lead to an increased number of unintended or mistimed pregnancies. Unintended pregnancies are themselves an undesirable health outcome, and unintended or mistimed pregnancies also may lead to other adverse health outcomes for both mother and child. When the number of unintended pregnancies rises, the number of abortions also rises. Finally, when the costs of unintended pregnancies are borne by taxpayer-funded systems, those costs far outstrip the costs of providing contraceptive services.

**1. The Number of Unintended Pregnancies Will Likely Increase**

64. Patients who lose access to contraceptive services at Planned Parenthood health centers are likely to use less effective forms of birth control. In a study encompassing a variety of clinic types, including Planned Parenthood clinics, participating in California's publicly funded family planning program (Family PACT), individuals were asked what they would do if they had

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<sup>95</sup> See generally *Healthy People 2020: An Opportunity to Address Societal Determinants of Health in the U.S.*, Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 (July 26, 2010), <https://health.gov/sites/default/files/2021-11/Committee%27s%20Report%20on%20Healthy%20People%202020-%20An%20Opportunity%20to%20Address%20Societal%20Determinants%20of%20Health.pdf>.

to pay for their family planning services.<sup>96</sup> Responses indicated that patients would use less effective means of contraception. Specifically, patients reported that their use of low-efficacy methods, such as condoms, would nearly double (from 25% to 46%).<sup>97</sup> Patients' projected use of medium-efficacy methods, such as contraceptive injections, oral contraceptives (OCs), patch, and ring, would decrease from 63% to 44%.<sup>98</sup> Patients' use of high-efficacy methods, such as IUDs, contraceptive implants, and sterilization, would decrease from 11% to 7%.<sup>99</sup> Use of no method would increase from 2% to 3%.<sup>100</sup>

65. The decrease in the use of high-efficacy contraception methods and the increase in use of low-efficacy methods will result in more unintended and mistimed pregnancies. High-efficacy methods have failure rates of less than 1%, meaning that fewer than 1% of women using these methods will experience an unintended pregnancy within the first year of use.<sup>101</sup> Medium-efficacy methods have failure rates of 4-7%, because some patients miss or delay injection or

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<sup>96</sup> M. Antonia Biggs et al., *Findings from the 2012 Family PACT Client Exit Interviews*, Bixby Center for Global Reproductive Health, 54 (June 2014).

<sup>97</sup> *Id.* at 53. Low-efficacy methods include condoms, diaphragms, and other barrier methods; natural family planning; abstinence; and emergency contraception. *Id.* at 34.

<sup>98</sup> *Id.* at 34, 53.

<sup>99</sup> *Id.*

<sup>100</sup> *Id.* at 34, 54.

<sup>101</sup> *Contraception and Birth Control Methods*, CDC (Aug. 6, 2024), <https://www.cdc.gov/contraception/about/index.html>.

ingestion of the pill.<sup>102</sup> Failure rates for low-efficacy methods, including male condoms, are 13% and higher.<sup>103</sup> Using no method of contraception has a failure rate of 85%.<sup>104</sup>

66. In 2015, Planned Parenthood Members' provision of contraceptive services averted 430,000 unintended pregnancies.<sup>105</sup> Section 71113, by decreasing access to Planned Parenthood Members' extensive family planning services, which include offering highly effective LARCs at higher rates than other providers, will likely increase the number of unintended and mistimed pregnancies.

## **2. Unintended Pregnancies Will Have Adverse Health Impacts on Mothers and Children**

67. There are several risks to infants and mothers that occur more frequently with unintended pregnancies than with planned pregnancies. In some instances, preexisting health conditions, such as having recently given birth or diabetes, make it important for a person to be

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<sup>102</sup> *Id.*

<sup>103</sup> *Id.*; see also ACOG, Committee Opinion No. 642, *Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy*, at 2 (October 2015), [https://journals.lww.com/greenjournal/abstract/2015/10000/committee\\_opinion\\_no\\_\\_642\\_\\_increasing\\_access\\_to.52.aspx](https://journals.lww.com/greenjournal/abstract/2015/10000/committee_opinion_no__642__increasing_access_to.52.aspx).

<sup>104</sup> James Trussell, *Contraceptive Failure in the United States*, 83 *Contraception* 397, 398 (2011), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3638209/pdf/nihms458000.pdf>.

<sup>105</sup> *Unintended Pregnancies and Abortions Averted by Planned Parenthood*, Guttmacher Inst. (June 13, 2017), <https://www.guttmacher.org/infographic/2017/unintended-pregnancies-and-abortions-averted-planned-parenthood-2015>; see also M. Antonia Biggs et al., *Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007*, Bixby Center for Global Reproductive Health, 16, 17, Fig. 1 (2010), [https://www.ansirh.org/sites/default/files/publications/files/familypactcost-benefitanalysis2007\\_2010apr\\_featured.pdf](https://www.ansirh.org/sites/default/files/publications/files/familypactcost-benefitanalysis2007_2010apr_featured.pdf) (in California, across all publicly funded contraceptive providers—including Planned Parenthood—it was estimated that, for every seven women who received publicly funded contraceptive services, two pregnancies were averted. There, in one year, it was estimated that provision of contraceptive services to 998,084 clients averted 286,700 unintended pregnancies.).

able to delay becoming pregnant.<sup>106</sup> If a person with these conditions fails to delay becoming pregnant until the conditions are properly managed, there is a risk of a range of adverse health impacts, including pregnancy loss, still-births, pre-term births, infant size that is either too small or too large relative to gestational age, birth defects, and increased risk of hypoglycemia (low blood sugar) or respiratory distress for the baby.<sup>107</sup>

68. The effects of unintended pregnancies on infants have been shown to persist into childhood and even adulthood. For example, children from unintended pregnancies are more likely to experience poor mental and physical health during childhood and have lower educational attainment and more behavioral issues in their teen years.<sup>108</sup>

69. In addition, because a person experiencing an unintended pregnancy may not immediately be aware that they are pregnant, a person with an unintended pregnancy is more likely to receive no prenatal care or to receive care later in their pregnancies.<sup>109</sup> They are also more

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<sup>106</sup> ACOG, Committee Opinion No. 654, *Reproductive Life Planning to Reduce Unintended Pregnancy* (2016), [https://journals.lww.com/greenjournal/abstract/2016/02000/committee\\_opinion\\_no\\_654\\_reproductive\\_life.53.aspx#:~:text=In%20order%20to%20reduce%20the,use%20of%20all%20contraceptive%20methods](https://journals.lww.com/greenjournal/abstract/2016/02000/committee_opinion_no_654_reproductive_life.53.aspx#:~:text=In%20order%20to%20reduce%20the,use%20of%20all%20contraceptive%20methods); ACOG Practice Bulletin No. 230 (2021), *Obesity in Pregnancy*, [https://journals.lww.com/greenjournal/abstract/2021/06000/obesity\\_in\\_pregnancy\\_acog\\_practice\\_bulletin.38.aspx](https://journals.lww.com/greenjournal/abstract/2021/06000/obesity_in_pregnancy_acog_practice_bulletin.38.aspx); ACOG, Frequently Asked Questions No. 142, *Diabetes and Women* (2016), <https://sals3.patientpop.com/assets/docs/87560.pdf>. Planned Parenthood providers discuss such conditions with patients to help inform physicians' and patients' discussions regarding timing and planning for a safe pregnancy. *Pre-Pregnancy Health and Planning*, <https://www.plannedparenthood.org/learn/pregnancy/pre-pregnancy-health>; see also Healthy People 2030, *supra* note 35.

<sup>107</sup> See ACOG sources cited *supra* note 106.

<sup>108</sup> *Family Planning, Reduce the proportion of unintended pregnancies — FP-01*, Office of Disease Prevention and Health Promotion, <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/reduce-proportion-unintended-pregnancies-fp-01> (last visited July 2, 2025); see also ACOG, Committee Opinion No. 654, *supra* note 106.

<sup>109</sup> Diana Cheng et al., *Unintended Pregnancy and Associated Maternal Preconception, Prenatal and Postpartum Behaviors*, 79 *Contraception* 194, 196 (2009).

likely to smoke and consume alcohol during pregnancy, to be depressed during pregnancy, and to experience domestic violence during pregnancy—all issues that contribute to worse health outcomes.<sup>110</sup>

70. Unintended pregnancies occur across all income levels, races, and ages, but research shows that the rates of unintended pregnancies are higher among certain groups.<sup>111</sup> For example, 71% of pregnancies to mothers ages 15 to 19 are unintended.<sup>112</sup> Women whose income is below the federal poverty level and black women and Latinas also have higher rates of unintended pregnancies than other demographic groups.<sup>113</sup> Many of the reasons these populations suffer disparate effects from unintended pregnancies are underlying factors that Planned Parenthood works hard to counteract, such as cost of services combined with limited insurance coverage, family planning clinic locations and hours that are not convenient, and lack of youth-friendly and client-centered reproductive health services.<sup>114</sup> Removing Planned Parenthood

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<sup>110</sup> *Id.*; see also ACOG, Committee Opinion No. 654, *supra* note 106; Mary K. Ethen et al., *Alcohol Consumption by Women Before and During Pregnancy*, 13 *Maternal Child Health J.*, 274, 277 (2009); Christie A. Lancaster et al., *Risk Factors for Depressive Symptoms During Pregnancy: A Systematic Review*, 202 *Am. J. Obstetrics & Gynecology* 5, 7, 11 (2010); Lois James et al., *Risk Factors for Domestic Violence During Pregnancy: A Meta-Analytic Review*, 28 *Violence & Victims* 359, 368-69 (2013).

<sup>111</sup> See, e.g., Blumenthal et al., *supra* note 38, at 123.

<sup>112</sup> Lauren M. Rossen et al., *Updated Methodology to Estimate Overall and Unintended Pregnancy Rates in the United States*, *National Center for Health Statistics*, CDC, 19 (Apr. 2023), [https://www.cdc.gov/nchs/data/series/sr\\_02/sr02-201.pdf](https://www.cdc.gov/nchs/data/series/sr_02/sr02-201.pdf).

<sup>113</sup> *Id.*; Lawrence B. Finer & Mia R. Zolna, *Declines in Unintended Pregnancy in the United States, 2008-2011*, 374 *N. Engl. J. Med.* 843, 846-47 (2016); Jennifer J. Frost et al., Guttmacher Institute, *Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program*, 92 *Milbank Q.* 667, 668 (2014).

<sup>114</sup> See, e.g., Susan A. Cohen, *Abortion and Women of Color: The Bigger Picture*, 11 *Guttmacher Pol'y Rev.* 2, 4-5 (2008), [https://www.guttmacher.org/sites/default/files/article\\_files/gpr110302.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr110302.pdf); Mead et al., *supra* note 59, at 87-88.

Members from the already limited network of providers available to these patients and families will likely disproportionately harm already medically underserved populations.

71. Decreased access to contraceptives and the corresponding increase in the number of unintended pregnancies caused by excluding Planned Parenthood Members' care will likely result in an increased number of abortions.<sup>115</sup> Studies show that, as the rate of contraceptive use by unmarried women increased in the U.S. between 1982-2001, rates of unintended pregnancy and abortion for unmarried women also declined.<sup>116</sup> In addition, increased access to affordable contraceptives through the Affordable Care Act reduced the number of unintended pregnancies and the rate of abortions.<sup>117</sup> A study regarding California's Family PACT program estimated that provision of contraception to approximately 1,000,000 women and 100,000 men through that program in 2007 prevented approximately 122,200 abortions.<sup>118</sup> Similarly, when Iowa increased access to contraceptive services over the course of 2006-2008, studies found lower abortion rates.<sup>119</sup> It is likely that a decrease in contraceptive use will not only raise the rate of unintended

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<sup>115</sup> Over 30% of unintended pregnancies end in abortion in the United States. Jonathan M. Bearak et al., *Country-specific Estimates of Unintended Pregnancy and Abortion Incidence: A Global Comparative Analysis of Levels in 2015–2019*, 7 *BMJ Global Health* 3 (2022) (Supplementary PDF, App. D).

<sup>116</sup> Heather D. Boonstra et al., *Abortion in Women's Lives*, Guttmacher Inst., 18 (2006), <https://www.guttmacher.org/sites/default/files/pdfs/pubs/2006/05/04/AiWL.pdf>.

<sup>117</sup> Matthew D. Solomon et al., *Effects of the Affordable Care Act on Contraception, Pregnancy, and Pregnancy Termination Rates*, 145(2) *Obstetrics & Gynecology* 196 (Feb. 2025), [doi: 10.1097/AOG.0000000000005796].

<sup>118</sup> Biggs et al., *Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007*, *supra* note 105, at 6, 16.

<sup>119</sup> M. Antonia Biggs et al., *Did Increasing Use of Highly Effective Contraception Contribute to Declining Abortions in Iowa?*, 91 *Contraception* 167, 169 (2015).

pregnancy, but will also raise the rate of abortion, where it is legal after *Dobbs v. Jackson Women's Health Organization*.

### 3. Unintended Pregnancies Also Impose a Serious Fiscal Cost on Society

72. When considering the adverse public health consequences of intended and mistimed pregnancies, fiscal costs are a significant factor that are measurable and substantial for society as a whole. In 2016, more than \$3 billion in public costs was spent on family planning and related sexual and reproductive health services (such as STI testing).<sup>120</sup> Those services were estimated to have averted approximately 2 million pregnancies, among other adverse health outcomes.<sup>121</sup> The estimated public costs associated with those pregnancies and outcomes—*i.e.*, maternity care, birth, infant care, miscarriages or abortions, and treating the effects of undetected STIs—would have been \$15 billion, \$14.3 billion of which is attributable to publicly covered maternity and infant care.<sup>122</sup> Accordingly, publicly funded family planning and related care saved nearly \$12 billion in public costs.<sup>123</sup> In other words, for every \$1 spent on family planning services, the public saved nearly five times that amount (\$4.83) in costs associated with unintended pregnancies and other reproductive health issues.<sup>124</sup>

73. Eliminating Planned Parenthood health centers as a source of contraceptive care would have an outsized impact on cost-savings because they serve a large proportion of clients in

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<sup>120</sup> Jennifer J. Frost et al., *Publicly Supported Family Planning Services in the United States: Likely Need, Availability and Impact, 2016*, Guttmacher Inst., 20 (2019), [https://www.guttmacher.org/sites/default/files/report\\_pdf/publicly-supported-fp-services-us-2016.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/publicly-supported-fp-services-us-2016.pdf).

<sup>121</sup> *Id.* at 18.

<sup>122</sup> *Id.* at 20.

<sup>123</sup> *Id.*

<sup>124</sup> *Id.*

need of publicly funded family planning services, and because it provides clients with highly effective methods of contraception.

**B. The Number of Sexually Transmitted Infections Will Likely Increase**

74. In addition to contraceptive care, it is important to remember that hundreds of thousands of patients receive other important services, such as STIs and treatment, cervical and breast cancer screening, pregnancy testing and counseling, other primary-care related services, such as blood pressure screening, and mental health screening, from Planned Parenthood Members. Adults and adolescents are likely to have reduced access to these services as well, with the result that there are likely to be more undetected and untreated STIs and cancers, with other attendant serious consequences.

75. The preventive care provided by Planned Parenthood health centers in the STI testing and treatment field is highly cost effective and avoids financial burdens that would be borne by the public in Planned Parenthood's absence. For example, the 2016 analysis of publicly funded clinics described above found that the role of publicly funded clinics—including Planned Parenthood health clinics—in screening, testing, and preventing STIs during family planning visits saved an estimated \$273 million taxpayer dollars that year, in the form of costs to treat PID or other results of untreated chlamydia or gonorrhea, HIV infections, and HPV sequelae for low-income populations.<sup>125</sup>

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<sup>125</sup> Frost et al., *Publicly Supported Family Planning Services in the United States: Likely Need, Availability and Impact, 2016*, *supra* note 120, at 20, Table 18.



76. Reduced access to Planned Parenthood health centers will lead to reduced access to testing, counseling, and treatment for STIs. This means that STIs will go undiagnosed or be diagnosed much later, which will both put those patients at greater health risk themselves and allow them to transmit the infection to more people.

77. In its most recent annual report, PPFA reported that its Members provided 769,851 HIV tests, 4,330,310 STI tests, 173,397 Pap tests; 16,824 HPV treatments, and 40,247 HPV vaccinations, 15,345 other STI prevention treatments, among other services.<sup>126</sup>

78. The Guttmacher Institute has developed a tool to estimate the health benefits and cost savings associated with publicly funded family planning.<sup>127</sup> Using that tool and the list of services from PPFA's most recent annual report, the STI services offered by Planned Parenthood avert, in a year, approximately<sup>128</sup> 70-510 cases of HIV<sup>129</sup> and 56,560-99,770 other STIs, and, in

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Even a relatively few number of HIV/AIDS cases averted results in substantial savings. In 2021, the average Medicaid spending per enrollee was \$7,085. *Medicaid Spending per Enrollee (Full or Partial Benefit) by Enrollment Group*, Kaiser Family Foundation (2021), <https://www.kff.org/medicaid/state-indicator/medicaid-spending-per-enrollee/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. In 2022, the federal government spent an estimated \$13 billion on Medicaid services for people with HIV. *Medicaid and People with HIV*, Kaiser Family Foundation (Mar. 27, 2023), <https://www.kff.org/hiv/aids/issue-brief/medicaid-and-people-with-hiv/>.

<sup>126</sup> Planned Parenthood Federation of America, *A Force for Hope: Planned Parenthood Annual Report 2023-2024*, *supra* note 14, at 23.

<sup>127</sup> *Health Benefits and Cost Savings of Publicly Funded Family Planning*, Guttmacher Data Center, <https://data.guttmacher.org/calculator> (last visited July 2, 2025).

<sup>128</sup> The tool provided by Guttmacher requires inputting a state where the service is provided. California data was used as a case study (as it represents one of the largest states by population and numbers of Planned Parenthood health centers) for calculating the potential outcomes among all of the following examples.

<sup>129</sup> A range is provided because the estimated health outcomes depend on whether HIV tests were provided to male or female clients, which was not specified in PPFA's report. The result of 70 cases of HIV assumes all tests were administered to women; the result of 510 cases assumes all tests were administered to men.

turn, many PID cases, ectopic pregnancies, and infertility cases.<sup>130</sup> In Massachusetts, testing services provided by Planned Parenthood prevented 920-1,930 cases of chlamydia and other STIs, and resulted in a gross cost savings of \$530,540-\$545,090 to the Commonwealth.

79. Were Planned Parenthood Members' ability to provide STI-related services eliminated or reduced, the effect on public health would be significant and adverse.<sup>131</sup> In general, patients who contract STIs suffer adverse reproductive health outcomes.<sup>132</sup> STIs are often asymptomatic<sup>133</sup> but can result in PID, a major cause of infertility, ectopic pregnancy, and chronic pelvic pain.<sup>134</sup> Syphilis and gonococcal infections also facilitate the transmission of HIV infections.<sup>135</sup>

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<sup>130</sup> The tool provided by Guttmacher is limited in the type of STI tests that can be entered and the type of STIs it indicates were averted. This range assumes that all STI tests provided by Planned Parenthood health centers were for chlamydia and reflects the number of chlamydia cases likely averted were that assumption true. The low end of the range assumes all tests were provided to only women; the high end assumes all tests were provided to only men.

<sup>131</sup> For example, a 2022 study on the effect of closures of publicly funded family planning health centers on gonorrhea and chlamydia diagnoses in Iowa found that counties with closures had significantly larger increases in gonorrhea rates, and smaller, non-statistically significant increase in chlamydia rates, compared to counties without closures. Megan Srinivas et al., *Sexually Transmitted Infection Rates and Closure of Family Planning Clinics Because of Abortion Restrictions in Iowa*, 5 JAMA Network Open 10 (2022).

<sup>132</sup> See David Friedel & Suzanne Lavoie, *Epidemiology and Trends in Sexually Transmitted Infections*, in *Public Health & Preventive Medicine* 155, 159 (Wallace et al., eds., 2008).

<sup>133</sup> Jerusha Barton et al., *Sexually Transmitted Disease Surveillance 2015*, CDC, 6, 43, 54, 55 (Oct. 2016), <https://stacks.cdc.gov/view/cdc/41806>.

<sup>134</sup> *About Pelvic Inflammatory Disease (PID)*, CDC (Dec. 13, 2023) <https://www.cdc.gov/pid/about/>; Kristen Kreisel et al., *Prevalence of Pelvic Inflammatory Disease in Sexually Experienced Women of Reproductive Age—United States 2013-2014*, 66 *Morbidity & Mortality Wkly Rpt.* 80, 80 (2017). Approximately 10-20% of women with chlamydia or gonorrhea may develop PID without adequate treatment. Barton et al., *supra* note 133, at 54.

<sup>135</sup> Barton et al., *supra* note 133, at 6, 17, 31.

80. In rare, but serious, cases, pregnant people infected with chlamydia can pass the infection to their infants during delivery, potentially resulting in ophthalmia neonatorum, which can lead to blindness and pneumonia.<sup>136</sup> Untreated syphilis infections in pregnant people, though rare, can cause significant complications, including fetal death in up to 40% of pregnant people or preterm birth.<sup>137</sup> It can lead to infection of the fetus in 80% of cases, which can result in both physical and mental developmental disabilities.<sup>138</sup>

81. The increased incidence of STIs is likely to disproportionately affect patients with low incomes and patients of color. For example, prevalence of gonorrhea, syphilis, and chlamydia is highly dependent on the geographic area and sociodemographic factors, with increased rates occurring among Hispanic and African American populations, and individuals with lower incomes.<sup>139</sup>

**C. Other Negative Health Outcomes Will Likely Result from Decreased Access to Planned Parenthood**

82. Restricting or eliminating access to Planned Parenthood health care clinics and services will negatively affect more than just the reproductive health issues described above (the increase in unintended pregnancies and the increased rate of STIs). Family planning providers, like Planned Parenthood Members, often serve as a source of primary care services for patients.<sup>140</sup> For many people, reproductive health services are the only health services that they seek during

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<sup>136</sup> *Id.* at 6.

<sup>137</sup> *Id.* at 31.

<sup>138</sup> *Id.* at 31, 54.

<sup>139</sup> *Id.* at 1, 2, 18, 54, 69, 70-75.

<sup>140</sup> VandeVusse et al., *supra* note 21, at 2.

their reproductive health years.<sup>141</sup> Accordingly, many young people and people with low incomes consider family planning centers to be their usual sources of medical care and their entry points into the health care system.<sup>142</sup>

83. A typical wellness visit at a Planned Parenthood health center may include a regular physical exam (e.g., height, weight, and blood pressure), vaccinations including for HPV, reproductive health services (e.g., birth control, STD screening), pelvic exams, Pap tests, and breast examinations.<sup>143</sup>

84. Such visits can detect important health concerns, like cancer. In its most recent annual report, PPFA reported that its Members provided 426,268 cancer screenings and other diagnostic procedures, resulting in early detection of cancer or abnormalities. These screenings included 191,197 breast exams and 173,397 Pap tests.<sup>144</sup>

85. Services related to family planning, like provision of contraceptives, can have broader health benefits for patients. For example, a decrease in access to contraception may cause patients to lose access to the other health benefits of hormonal contraception, such as treatment of

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<sup>141</sup> Frost et al., *Specialized Family Planning Clinics in the United States*, *supra* note 85, at 522.

<sup>142</sup> Rachel Benson Gold et al., *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*, Guttmacher Inst., 16 (Feb. 2009), <https://www.guttmacher.org/report/next-steps-americas-family-planning-program-leveraging-potential-medicaid-and-title-x>.

<sup>143</sup> *Wellness Visit*, <https://www.plannedparenthood.org/learn/health-and-wellness/wellness-visit> (last visited July 2, 2025).

<sup>144</sup> *A Force for Hope, Planned Parenthood Annual Report 2023-2024*, *supra* note 14, at 23.

menstrual disorders, acne, hirsutism, or pelvic pain; reduced risk of various cancers; and protection against PID and some benign breast diseases.<sup>145</sup>

86. A study of publicly funded family planning providers in California—approximately half of which were Planned Parenthood Members—found that most new clients received an initial health assessment; 83% received a blood pressure test; more than 70% were screened for alcohol, tobacco and drug use; more than 60% were asked whether they had high blood pressure or diabetes; about half were asked whether they had gained, lost, or been maintaining their weight; and more than half were asked about interpersonal violence in the past 12 months.<sup>146</sup>

**D. State-Level Defunding Experiences Demonstrate the Negative Effect Restricting Access to Planned Parenthood Members Has on Health Outcomes**

87. The public health risks described above are far from theoretical. In recent years, several states have enacted laws that restrict funding for Planned Parenthood health centers specifically, and for family planning efforts generally. The health outcomes following those restrictions have demonstrated both that Planned Parenthood health centers play an essential role in reproductive and preventive health care and that the presence of other providers is insufficient to curb the public health risks of eliminating Planned Parenthood.

88. When States have excluded Planned Parenthood Members from public health funding they saw overall declines in patient access, and corresponding increases in the negative impacts caused by decreased access.

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<sup>145</sup> ACOG Practice Bulletin No. 110, *Noncontraceptive Uses of Hormonal Contraceptives*, 115 *Obstetrics & Gynecology* 206 (listing non-contraceptive benefits); Adolf E. Schindler, *Non-Contraceptive Benefits of Oral Hormonal Contraceptives*, 11 *Int'l J. Endocrinology & Metabolism* 41, 45-46 (2013).

<sup>146</sup> M. Antonia Biggs et al., *Findings from the 2012 Family PACT Client Exit Interviews*, Bixby Center for Global Reproductive Health, University of California, San Francisco (2014).

## 1. Kansas & Tennessee

89. When Kansas excluded the Planned Parenthood Member from Title X funding, the number of people accessing Title X services decreased by more than 14,000 between 2011 and 2015, and some areas were left without a single family planning provider.<sup>147</sup> After Tennessee excluded the local Planned Parenthood Member from Title X funding in 2011, Shelby County reported declines in family planning services patients by 93%.<sup>148</sup>

## 2. Iowa

90. And after Iowa defunded the local Planned Parenthood Member in 2017, four Planned Parenthood health centers were forced to close and there was an 86% reported decline in the provision of services.<sup>149</sup> Between 2016 and 2018, the number of people being served under the state's Family Planning Program decreased from 10,817 to 1,502.<sup>150</sup> Further, 74 of the 695 listed providers in the state-funded family planning program did not offer contraception.<sup>151</sup>

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<sup>147</sup> Roxanne Hegeman, *Feds push back on states targeting Planned Parenthood funds*, Associated Press (Sep. 24, 2016), <https://apnews.com/domestic-news-domestic-news-general-news-03c09aa8420a4bce98a413449129d2f8>.

<sup>148</sup> Tara Culp-Ressler, *Defunding Planned Parenthood Caused Women's Services To Drop By 93% in Tennessee County*, ThinkProgress (Sep. 6, 2012), <https://thinkprogress.org/defunding-planned-parenthood-caused-womens-services-to-drop-by-93-percent-in-tennessee-county-bc0562be7a7f/>.

<sup>149</sup> Michaela Ramm, *Iowa's family planning service use plummets 85% after switch to new program*, The Gazette (Dec. 10, 2019), <https://www.thegazette.com/health-care-medicine/iowas-family-planning-service-use-plummets-85-percent-after-switch-to-new-program/>.

<sup>150</sup> *Id.*

<sup>151</sup> Tony Leys and Barbara Rodriguez, *State family planning services decline 73% in fiscal year as \$2.5M goes unspent*, Des Moines Register (Oct. 18, 2018), <https://www.desmoinesregister.com/story/news/health/2018/10/18/iowa-health-care-family-planning-contraception-services-planned-parenthood-abortion-medicaid/1660873002/>.

91. Patients in Iowa experienced significant disruptions to care as a result of the Iowa defunding.<sup>152</sup> The share of patients who had not recently received contraceptive care nearly doubled, from 32% to 62%.<sup>153</sup> Further, the share of patients not using any contraceptive method increased from 9% to 15%.<sup>154</sup> Patients also reported reduced hours and provider availability as barriers to accessing care.<sup>155</sup> Up to 176,550 women in Iowa now live in counties that lack reasonable access to contraceptive care; almost 50,000 women live in counties without a single health care provider that offers a full range of contraceptive methods.<sup>156</sup> Rates of gonorrhea, chlamydia, and syphilis spiked in the year after the defunding.<sup>157</sup>

92. A 2022 longitudinal study found Iowa patients paid more for care and experienced longer wait times or reduced clinical hours, as a result.<sup>158</sup>

### 3. Indiana

93. As an example of the likely increase in incidences of STIs, a Planned Parenthood facility close to Scott County, a small, rural community in Indiana, closed in 2013 due to cuts to

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<sup>152</sup> *The Harm of Defunding Planned Parenthood Health Centers*, Planned Parenthood Federation of America, at 5 (Apr. 2025) [https://www.plannedparenthood.org/uploads/filer\\_public/60/22/6022aa2f-caed-4946-966f-7186b9751e3c/defunding\\_state\\_cases\\_20\\_pdf.pdf?\\_gl=1\\*1acswxo\\*\\_gcl\\_au\\*OTIzNTI5MjYzLjE3NTA4NjE0ODk.\\*\\_ga\\*MjIyMjU2NjExLjE3NTA4NjE0OTA.\\*\\_ga\\_ENXC8KHJL8\\*cze3NTA4NjM5MTkkbzIkZzAkdE3NTA4NjM5MjMkajU2JGwwJGgxMDAzMjgzMTAx](https://www.plannedparenthood.org/uploads/filer_public/60/22/6022aa2f-caed-4946-966f-7186b9751e3c/defunding_state_cases_20_pdf.pdf?_gl=1*1acswxo*_gcl_au*OTIzNTI5MjYzLjE3NTA4NjE0ODk.*_ga*MjIyMjU2NjExLjE3NTA4NjE0OTA.*_ga_ENXC8KHJL8*cze3NTA4NjM5MTkkbzIkZzAkdE3NTA4NjM5MjMkajU2JGwwJGgxMDAzMjgzMTAx).

<sup>153</sup> *Id.* at 6.

<sup>154</sup> *Id.*

<sup>155</sup> *Id.*

<sup>156</sup> *Id.*

<sup>157</sup> *Id.*

<sup>158</sup> Lori Frohwirth et al., *Access to Preferred Contraceptive Strategies in Iowa: A Longitudinal Qualitative Study of Effects of Shifts in Policy and Healthcare Contexts*, 33 J. Health Care for the Poor & Underserved 3 (2022).

public health funding.<sup>159</sup> There was no free HIV testing available in the community after that closure.<sup>160</sup> From 2014 to 2015, syringe-sharing in connection with injections of opioids led to an outbreak of 181 cases of HIV in the area.<sup>161</sup> Nearly 90% of these cases occurred in Scott County, where only five infections had been identified between 2004-2013.<sup>162</sup> The outbreak has been described as “one of the largest and most rapid HIV outbreaks the country has ever seen.”<sup>163</sup> Researchers observed that “[r]esources related to the prevention and treatment of HIV did not exist in this community before the outbreak, and, as in many rural communities, access to basic health care, substance-abuse treatment, and HIV prevention services was limited.”<sup>164</sup>

#### 4. Texas

94. The devastating effects of excluding Planned Parenthood health centers from family planning services has been well documented in Texas. Since 2011, Texas state lawmakers have continuously revoked funding from Planned Parenthood health centers and other providers

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<sup>159</sup> Hal C. Lawrence & Debra L. Ness, *Planned Parenthood Provides Essential Services that Improve Women’s Health*, 166 *Annals of Internal Medicine* 443, 443 (2017); Philip J. Peters et al., *HIV Infection Linked to Injection Use of Oxymorphone in Indiana, 2014-2015*, 375 *N. Eng. J. Med.* 229, 230 (2016).

<sup>160</sup> Peters et al., *supra* note 159, at 230.

<sup>161</sup> *Id.* at 231, 233.

<sup>162</sup> *Id.*

<sup>163</sup> Lawrence & Ness, *supra* note 159, at 443; *See also*, Laura Bassett, *Indiana Shut Down Its Rural Planned Parenthood Clinics And Got An HIV Outbreak*, HuffPost (Mar. 31, 2015), [https://www.huffpost.com/entry/indiana-planned-parenthood\\_n\\_6977232](https://www.huffpost.com/entry/indiana-planned-parenthood_n_6977232) (noting HIV outbreak followed Indiana’s exclusion of Planned Parenthood health centers from CDC funding).

<sup>164</sup> Peters et al., *supra* note 159, at 237.



who offered abortions.<sup>165</sup> These efforts have decimated access to reproductive care in rural communities like the El Paso and Hidalgo service areas,<sup>166</sup> increased unintended pregnancies,<sup>167</sup> and led to lower quality of care for family planning for Texans with low incomes.<sup>168</sup>

95. This conclusion is supported by analyses that the George Washington University, Milken Institute School of Public Health conducted in 2012 regarding the potential effects of a Texas policy that prohibited Planned Parenthood centers from participating in the Texas Women’s Health Program (“WHP”). This program is particularly relevant to this declaration as it helped fund family planning services for patients with low incomes using a combination of federal and state funds (like Medicaid).<sup>169</sup> Planned Parenthood Members’ exclusion from the WHP was thus a “controlled experiment” of sorts regarding the effect of excluding Planned Parenthood Members from the federal Medicaid program. As a result of the defunding, these organizations, including Planned Parenthood Members, were forced to reduce their hours and charge uninsured women fees

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<sup>165</sup> See, e.g., Emily Ramshaw, *Lawmakers Could Restore Family Planning Funds*, The Texas Tribune (Dec. 7, 2012), [https://www.texastribune.org/2021/03/10/planned-parenthood-medicaid-texas/](https://www.texastribune.org/2012/12/07/lawmakers-could-restore-family-planning-funds/#:~:text=When%20state%20lawmakers%20passed%20a,%2C%20in%20some%20cases%2C%20;Amanda J. Stevenson et al., Effect of Removal of Planned Parenthood from the Texas Women’s Health Program, 374 N. Eng. J. Med. 853, 858 (2016); Shannon Najmabadi, Judge rejects bid by Planned Parenthood to stay in Medicaid, affecting health care for thousands of low-income Texans, The Texas Tribune (Mar. 10, 2012), <a href=).

<sup>166</sup> *Healthy Texas Women Section 1115 Demonstration Waiver Evaluation: Interim Report*, UT Health Houston School of Public Health Center for Health Care Data, 43 (Dec. 2023), <https://www.hhs.texas.gov/sites/default/files/documents/htw-1115-demonstration-interim-evaluation-report.pdf>.

<sup>167</sup> Stevenson et al., *supra* note 165, at 858.

<sup>168</sup> Shetal Vohra-Gupta et al., *Evidence-based family planning services among publicly funded providers in Texas*, 22 BMC Health Services 1498, 1499 (Nov. 2022), [doi: 10.1186/s12913-022-08889-0].

<sup>169</sup> Ku et al., *supra* note 74.

for health services that had previously been free or lower cost, making it more difficult or impossible for those patients to get care.<sup>170</sup>

96. The consequences of this WHP defunding were dire: within two years, nearly 45,000 fewer women received care through the program and nearly 30,000 fewer patients received birth control, cancer screenings, and other preventative care.<sup>171</sup> Within five years, 41% fewer women received contraceptive care through the program.<sup>172</sup> And only 6% of patients were told they could receive their chosen contraceptive method in a single visit, which is considered best practice.<sup>173</sup>

97. Before the exclusion, Planned Parenthood health centers served nearly 52,000 (49%) WHP patients, while FQHCs served just over 10,000 WHP patients (10%), indicating that other publicly funded health centers would have to increase their capacity five-fold to serve Planned Parenthood's WHP patients.<sup>174</sup> In 2013, after the state began running an entirely state-

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<sup>170</sup> Joseph E. Potter & Karri White, *Defunding Planned Parenthood was a disaster in Texas. Congress shouldn't do it nationally*, Wash. Post (Feb. 7, 2017), <https://www.washingtonpost.com/posteverything/wp/2017/02/07/defunding-planned-parenthood-was-a-disaster-in-texas-congress-shouldnt-do-it-nationally/>.

<sup>171</sup> Molly Redden, *Texas seeks unprecedented federal money to defund Planned Parenthood*, The Guardian (May 11, 2017), <https://www.theguardian.com/us-news/2017/may/11/texas-federal-financing-defund-planned-parenthood-healthcare#:~:text=A%20report%20commissioned%20by%20the%20state%20of%20Texas%20found%20that%20its%20state%2Dfunded%20women%E2%80%99s%20health%20program%20served%2030%2C000%20fewer%20women%20than%20the%20old%20program.>

<sup>172</sup> *Excluding Planned Parenthood has been Terrible for Texas Women*, Every Texan, at 7 (Aug. 2017) [https://everytexan.org/images/HW\\_2017\\_08\\_PlannedParenthoodExclusion.pdf](https://everytexan.org/images/HW_2017_08_PlannedParenthoodExclusion.pdf).

<sup>173</sup> Whitfield et al., *supra* note 92, at 2.

<sup>174</sup> Peter Shin et al., *An Early Assessment of the Potential Impact of Texas' "Affiliation" Regulation on Access to Care for Low-income Women*. Geiger Gibson/RCHN Community Health Foundation Research Collaborative: Policy Research Brief No. 29 (revised May 4, 2012), [https://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1047&context=sphhs\\_policy\\_ggrc\\_hn](https://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1047&context=sphhs_policy_ggrc_hn).

funded women's health program that excluded Planned Parenthood Members, enrollment in WHP dropped precipitously. A 2015 Texas Health and Human Services report found that enrollment in WHP fell by 9% from FY2011 to FY2013, with enrollment drops particularly severe in the High Plains (38%) and West Texas (41%)—regions where alternative providers were already scarce.<sup>175</sup> Service utilization decreased by 26% state-wide in this time period; the largest drops were seen in the West Texas (64%), the High Plains (53%), and Central Texas (42%) regions.<sup>176</sup>

98. Unintended pregnancies also increased due to defunding Planned Parenthood Members in Texas. A study in the *New England Journal of Medicine* compared rates of contraceptive use and Medicaid-covered births using data from medical, pharmacy, and childbirth claims from counties with Planned Parenthood clinics to counties without them from 2011-2014.<sup>177</sup> The exclusion of Planned Parenthood from the WHP was significantly associated with a 35% decline in women using the most effective methods of family planning and a 27% increase in births among women who had been using an injectable prior to Texas's restrictions.<sup>178</sup>

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<sup>175</sup> *Texas Women's Health Program: Savings and Performance Reporting* (2015), Texas Health and Human Services Commission, <https://docs.house.gov/meetings/IF/IF14/20150917/103957/HHRG-114-IF14-20150917-SD107.pdf>.

<sup>176</sup> *Id.* at 3.

<sup>177</sup> Stevenson et al., *supra* note 165, at 853-60.

<sup>178</sup> *Id.* at 858. See also Kari White et al., *The Impact of Reproductive Health Legislation on Family Planning Clinic Services in Texas*, 105 Am. J. Pub. Health 851, 851 (2015). White and colleagues describe how, in 2011, prior to Planned Parenthood's outright exclusion from Texas's publicly funded family planning program, Texas substantially cut public funding for family planning providers and imposed a priority system of reimbursement for services that placed certain providers, including Planned Parenthood, at the bottom of the hierarchy. In the year following those cuts, 54% fewer clients received publicly funded family planning services. *Id.* at 855. Providers suspected that clients stopped seeking reproductive health care. *Id.* at 856.

99. The same study showed that the number of claims submitted for LARC contraceptives in counties where Planned Parenthood Members were previously located decreased sharply.<sup>179</sup> Researchers concluded that their analyses indicated that Planned Parenthood Members' exclusion adversely affected low-income women in Texas "by reducing the provision of highly effective methods of contraception, interrupting contraceptive continuation, and increasing the rate of childbirth covered by Medicaid."<sup>180</sup> Some observers attributed the decrease in LARCs to providers with limited funds offering patients oral contraceptives rather than their preferred LARC option, impinging upon patients' ability to select the method of contraception that is most tailored to their needs.<sup>181</sup> Providers were placed in a position of trying to provide care to more patients with limited resources, and thus selected to offer lower cost oral contraception to meet these needs.<sup>182</sup>

100. However, rates of continuation of non-LARC contraception methods, such as oral contraceptives, also decreased in counties where Planned Parenthood Members were previously located.<sup>183</sup> Patients who used oral contraceptives received fewer refills up front, "a practice that has been shown to result in lower rates of continuation with the method and that may increase the likelihood of unintended pregnancy—and therefore that of abortion."<sup>184</sup> In a separate study, patients were contacted who had obtained injectable birth control from a Planned Parenthood

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<sup>179</sup> Stevenson et al., *supra* note 165, at 856-58.

<sup>180</sup> *Id.* at 858-59.

<sup>181</sup> Kari White et al., *Cutting Family Planning in Texas*, 367 N. Eng. J. Med. 1179, 1180 (Sept. 2012) [doi: 10.1056/NEJMp1207920].

<sup>182</sup> *Id.*

<sup>183</sup> Stevenson et al., *supra* note 165, at 856-58.

<sup>184</sup> White et al., *Cutting Family Planning*, *supra* note 181, at 1180.

health center prior to its exclusion.<sup>185</sup> As a result of Planned Parenthood's exclusion, approximately one in five women interviewed missed a dose of their injectable birth control.<sup>186</sup> The most commonly cited reasons for missing a dose were difficulty finding a provider, cost, and trouble getting an appointment.<sup>187</sup>

101. Because fewer women were receiving birth control counseling and services, this contributed to a significant 27% increase in Medicaid-covered births within 18 months for patients that had been previously using injectable contraceptives.<sup>188</sup> Analysis by researchers from the Centers for Disease Control and Prevention found that the maternal mortality rate in Texas doubled from 2011 to 2012.<sup>189</sup> While the analysis could not identify the cause of the sudden increase, the authors speculated that one possible reason was the change made under Texas' WHP policies.<sup>190</sup>

102. In 2020, President Trump's first administration approved federal funding for a new version of WHP called Health Texas Women ("HTW"), allowing the continued exclusion of Planned Parenthood Members from the program.<sup>191</sup> Despite having more funding, the federally funded HTW program has still been unable to meet the needs of Texans. This defunding continues

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<sup>185</sup> C. Junda Woo et al., *Women's Experiences After Planned Parenthood's Exclusion from a Family Planning Program in Texas*, 93 *Contraception* 298 (2016).

<sup>186</sup> *Id.* at 300.

<sup>187</sup> *Id.*

<sup>188</sup> Stevenson et al., *supra* note 165, at 853.

<sup>189</sup> Marian F. MacDorman et al., *Trends in Texas Maternal Mortality by Maternal Age, Race/Ethnicity, and Cause of Death, 2006-2015*, 45(2) *Birth* 169, Fig 1, (Jan. 4, 2018) [doi: 10.1111/birt.12330].

<sup>190</sup> *Id.*; see also Marian F. MacDorman et al., *Recent Increases in the U.S. Maternal Mortality Rate: Disentangling Trends from Measurement Issues*, 128(3) *Obstetrics and Gynecology*, 1-10 (Sept. 2016), [doi: 10.1097/AOG.0000000000001556].

<sup>191</sup> *The Harm of Defunding Planned Parenthood Health Centers*, *supra* note 152, at 3-4.

to lead to drastic results, particularly for Latinas in the state. In the four counties encompassing the Rio Grande Valley—where 92% of residents are Latino—one in four clinics were forced to close after the 2011 cuts.<sup>192</sup> The Rio Grande Valley has one of the highest cervical cancer rates in the country, despite the fact that cervical cancer is highly preventable and treatable when patients can get access to HPV vaccines, timely screenings, and care for cervical abnormalities.<sup>193</sup> More broadly, Latinas in Texas have among the highest rates of cervical cancer in the United States.<sup>194</sup>

103. The December 2023 HTW Evaluation Interim Report indicates that only half of Texas Medicaid family planning providers participated in HTW.<sup>195</sup> It also shows that the new federal funding did not help to increase the number of family planning providers in the program, and that primary care providers have not been able to make up for the lack of access to family planning providers.<sup>196</sup> The primary care providers in the program see fewer patients and are less likely to follow evidence-based practices than Planned Parenthood Members.<sup>197</sup> Rural regions in Texas suffer most from lack of access to providers.<sup>198</sup>

104. In 2021, Texas blocked Medicaid enrollees from getting care at Planned Parenthood Member centers altogether by removing them as providers in the entire state Medicaid program, further eroding access to sexual and reproductive health care in the state. Researchers conducting

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<sup>192</sup> *Id.* at 4.

<sup>193</sup> *Id.*

<sup>194</sup> *Id.*

<sup>195</sup> *Healthy Texas Women Section 1115 Demonstration Waiver Evaluation*, *supra* note 166, at 82-83, Table 26.

<sup>196</sup> *Id.* at 78, Table 24.

<sup>197</sup> *Id.* at 33-40, Fig. 9.

<sup>198</sup> *Id.* at 42.

a secret shopper study found that only 6% of callers were informed that they could get contraception with just one visit to a provider, despite the fact that this is the medically-accepted standard of care and that it reduces the barriers patients must overcome to obtain birth control.<sup>199</sup> The study also found other barriers to obtaining contraception for Medicaid patients, including lack of availability for requested methods and long wait times for the next available appointment.<sup>200</sup> Another study found that patients of Planned Parenthood Members in Texas found it difficult to connect with other providers and to get evidence-based care, leading to lower quality care, delayed or foregone care, and emotional distress.<sup>201</sup>

105. A 2023 report by the University of Texas Health Science Center at Houston's (UTHealth) School of Public Health Center for Health Care Data (CHCD), which evaluated the developing impact of the Section 1115 Medicaid Waiver, found that access to care dropped significantly between 2020 and 2023.<sup>202</sup> Network adequacy rates for micro counties in the Hidalgo service area remained low and percentage of Medicaid enrollees decreased precipitously from 49% to 27%.<sup>203</sup> Rural counties in the El Paso service area had a network adequacy rate of 0, and the enrollee count also dropped from 35 to 3.<sup>204</sup> Moreover, of the 5,400 remaining providers for family planning, nearly half saw no patients in 2017 and another 700 saw only one patient.<sup>205</sup>

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<sup>199</sup> Whitfield et al., *supra* note 92, at 2, 3.

<sup>200</sup> *Id.* at 3.

<sup>201</sup> Anna Chatillon et al., *supra* note 75.

<sup>202</sup> *Healthy Texas Women Section 1115 Demonstration Waiver Evaluation*, *supra* note 166, at 43.

<sup>203</sup> *Id.*

<sup>204</sup> *Id.*

<sup>205</sup> *Id.*

106. An analysis conducted by March of Dimes, a nonprofit organization committed to ending preventable maternal health risks and death, found that “women in Texas have a very high vulnerability to adverse outcomes due to [lack of] the availability of reproductive healthcare services.”<sup>206</sup> In 2023, 47% of counties in Texas were maternity care deserts and had no maternity care centers or obstetricians.<sup>207</sup> Patients in these counties who seek maternity care traveled an average of 30 miles to find a doctor, with some required to travel up to 70.5 miles to find the nearest birthing hospitals.<sup>208</sup>

107. There is no reason to believe that the effect of removing Planned Parenthood Members from the federal Medicaid program would be any less pronounced than the observed effects of excluding local Planned Parenthood Members from WHP in Texas, or from other states, such as Kansas, Tennessee, Indiana, and Iowa. Instead, it is reasonable to believe that the dramatic decline in use of effective contraception—and resulting increase in Medicaid-covered childbirth—will be replicated on a national scale.

#### IV. CONCLUSION

108. For the foregoing reasons, Planned Parenthood health centers provide a unique contribution to the health and wellbeing of individuals and families across the United States, and it is my opinion that Section 71113 will have serious and adverse consequences for patients, their families, and the public’s health, as well as the societal burden.

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<sup>206</sup> Lucas J. Fontenot et al., *Where You Live Matters: Maternity Care in Texas*, March of Dimes, 2 (2023), <https://www.marchofdimes.org/peristats/reports/texas/maternity-care-deserts>.

<sup>207</sup> *Id.*

<sup>208</sup> *Id.*



I declare under penalty of perjury that the foregoing is true and correct. Executed on July 7, 2025.

A handwritten signature in blue ink, reading "Claire Brindis".

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Claire D. Brindis

July 7, 2025

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Date

# EXHIBIT A

Prepared: July 2, 2025

**University of California, San Francisco**  
**CURRICULUM VITAE**

**Name:** Claire D Brindis, DrPH, MPH

**Position:** Emerita Director, Philip R. Lee Institute for Health Policy Studies  
Distinguished Professor Emerita of Pediatrics and Health Policy (on recall),  
UCSF Edward A. Dickson Emeritus Professorship Award (2022-2024)  
Department of Pediatrics and  
Department of Obstetrics, Gynecology and Reproductive Health Sciences  
School of Medicine, University of California, San Francisco  
<https://profiles.ucsf.edu/claire.brindis>

**Address** Box 0936  
490 Illinois St, 7th Floor  
University of California, San Francisco  
San Francisco, CA 94158-2510

Primary correspondence:  
Home:  
1410 Monterey Blvd.  
San Francisco, Ca. 94127  
Voice: (415) 517-4521 (cell)  
Email: [claire.brindis@ucsf.edu](mailto:claire.brindis@ucsf.edu)

**EDUCATION**

1968 - 1972	University of California, Los Angeles	B.A. Sociology, Cum Laude
1972 - 1973	University of California, Los Angeles	M.P.H. Public Health
1977 - 1982	University of California, Berkeley	Dr. PH Public Health/Behavioral Sciences

**PRINCIPAL POSITIONS HELD**

1974 - 1977	Emory University	Assistant Professor	School of Allied Health
1982 - 1983	San Francisco State University	Assistant Professor	San Francisco State Health Education
1982 - 1987	University of California, San Francisco	Senior Research Associate	Institute for Health Policy Studies
1987 - 1992	University of California, San Francisco	Assistant Adjunct Professor	Institute for Health Policy Studies
1992 - 1998	University of California, San Francisco	Associate Adjunct Professor	Institute for Health Policy Studies

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1998 - 1998	University of California, San Diego	Visiting Professorship	Iris F. Litt Society for Adolescent Medicine/Organon Adolescent Health Research, Sponsored by Society for Adolescent Medicine
1998 - 2000	University of California, San Francisco	Adjunct Professor	Pediatrics and Institute for Health Policy Studies
2000 - 2009	University of California, San Francisco	Professor, In-Residence	Philip R. Lee Institute for Health Policy Studies/Joint Appointment with Dept of Pediatrics & Obstetrics, Gynecology and Reproductive Health Sciences
2002 - 2002	Children's National Medical Center	Visiting Professorship	Robert S. Rixse Memorial Lecture, Washington, DC
2005 - 2005	University of Texas, Houston	Visiting Professorship	Morris Blum Memorial Lecture, Pediatric Grand Rounds University of Minnesota Adolescent Health Leadership
2006 - 2006	Howard University, and Johns Hopkins University	Visiting Professorship	The DC-Baltimore Research Center on Child Health Disparities: a consortium of the Department of Health, the Children's National Medical Center
2007 - 2007	University of New Mexico	Visiting Professorship	Center for Latinos and Health Disparity

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2009 – present	University of California, San Francisco	Distinguished Professor	Philip R. Lee Institute for Health Policy Studies/Joint Appointment with Dept of Pediatrics & Obstetrics, Gynecology and Reproductive Health Sciences
2022-2024	University of California, San Francisco		UCSF Edward A. Dickson Emeritus Professorship Award
2014 - 2020	University of California, Hastings	Adjunct Professor of Law	UC Hastings College of the Law
2014 - present	University of California, San Francisco	Affiliated Faculty	Institute of Global Health Sciences
2016 – present	University of California, San Francisco	Affiliated Faculty	Bakar Institute for Computational Health Sciences
2016 - 2016	Pennsylvania State University	Visiting Professorship	Division of Health Services and Behavioral Research
2017 - present	University of California, Los Angeles	Affiliated Faculty	UCLA School of Public Health, Center for Health Policy
2021 – present	University of California, San Francisco	Affiliated Faculty and Senior Advisor	University of California Center for Climate, Health, and Equity
2022 – present	University of California, San Francisco	Faculty Advisor; Evaluator	UCSF ARCHES (Advancing the Research Careers for Historically Excluded Scholars) Program

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**OTHER POSITIONS HELD CONCURRENTLY**

1983 - 1999	University of California, San Francisco	Co-Director	Center for Reproductive Health Policy Research, Institute for Health Policy Studies,
1983 - 2005	University of California, San Francisco	Director	Hewlett Fellowship in Reproductive Health Policy, Institute for Health Policy Studies
1993 - 2014	University of California, San Francisco	Executive Director/Co-Principal Investigator	National Adolescent Health Information and Innovation Center; Department of Pediatrics and Institute for Health Policy Studies
1997 - 2014	University of California, San Francisco	Associate Director/Co-Principal Investigator, Public Policy Analysis Center	Department of Pediatrics and Institute for Health Policy Studies
1998 - present	University of California, San Francisco	Co-Director	Adolescent and Young Adult Health National Resource Center, Division of Adolescent Medicine, Department of Pediatrics
1999 - present	University of California, San Francisco	Associate Director/Co-Principal Investigator	Division of Adolescent Medicine, Department of Pediatrics

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1999 - present	University of California, San Francisco	Director and Founding Director and Senior Scholar, 2018-current	Bixby Center for Global Reproductive Health, Obstetrics, Gynecology and Reproductive Sciences and Institute for Health Policy Studies
2002 - 2020	University of California, San Francisco	Core Faculty	Center for Social Disparities in Health; Dept. Family and Community Medicine
2005 - 2007	University of California, San Francisco	Associate Director	Institute for Health Policy Studies
2006 - 2007	University of California, San Francisco	Acting Director	Philip R. Lee Institute for Health Policy Studies
2007 - 2008	University of California, San Francisco	Interim Director	Philip R. Lee Institute for Health Policy Studies
2008 - 2020	University of California, San Francisco	Director	Philip R. Lee Institute for Health Policy Studies
2016 – present	University of California, Berkeley	Affiliated Faculty	Berkeley Ph.D. Program in Health Policy

**HONORS AND AWARDS**

1988	Special Recognition Award	California Alliance Concerned with School Age Parents
1991	Community Leadership Award	National Family Planning and Reproductive Health Association, Washington, D.C.
1994	Integrity Award	Office of Inspector General, Office of Evaluation and Inspections, U.S. Department of Health, Human Services

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2000	Mark Pearlman Outstanding Service Award	California Child, Youth and Family Coalition
2000	Beverlee A. Meyer Award in Excellence	California Department of Health Services
2000	Distinguished Service to the Public and the State of California	California State Senate Resolution, State of California
2001	Collaborative Award Winner, Special Recognition Award	Maternal and Child Health Branch, California Department of Health Services
2001	John C. MacQueen Lecture Award	Association of Maternal and Child Health Programs
2001	Women Faculty Recognition Award	University of California, San Francisco
2003	Champions of Diversity	University of California, San Francisco
2004	Executive Leadership in Academic Medicine (ELAM) Program for Women	Fellow-Hedwig van Ameringen
2005	Morris Blum Memorial Lecture, Pediatric Grand Rounds	University of Minnesota
2005	Commendation by Lieutenant Governor Cruz M. Bustamante Honoring Outstanding Research on Adolescent and Women's Health, Education, and Dissemination on These Important Issues, Fresno County Babies First Seminar.	State of California
2005	Directors Award: In Recognition of Contributions Made to the Health of Infants, Mothers, Children, Adolescents & Children with Special Needs	Federal Maternal & Child Health Bureau
2005	Special Election Award	Campaign for Teen Safety
2006	Hilary E.C. Millar Award for Innovative Approaches to Adolescent Health Care	Society for Adolescent Medicine
2006	Champion Award for vision and commitment in creating and sustaining the California Office of Family Planning and the Family PACT Program.	California Family Health Council, Inc



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2006	Outstanding Researcher Award in honor of the dedication and leadership in the field of adolescent pregnancy, parenting and prevention.	Healthy Teen Network
2006	Award for service on No on 85 Campaign 'Above and Beyond'	Campaign for Teen Safety
2009	Chancellors Award for the Advancement of Women, 'In Recognition of Outstanding Contributions to the Advancement of Women'	University of California, San Francisco
2009	Telly Award, Bronze Award	Telly Award for Film, 'A Question of Hope', Social Issues Category
2011	Institute of Medicine of the National Academies (IOM) member	Elected Member
2012	Alumni Hall of Fame: Outstanding Contributions to the Field of Public Health	UCLA Fielding School of Public Health
2014	Carl S. Shultz Award for Lifetime Achievement	American Public Health Association: Population, Reproductive, and Sexual Health Section
2016	Lifetime Achievement in Mentoring Award	UCSF Faculty Mentoring Program
2018	75th Anniversary Honoree "In Recognition of 75 Most Influential Public Health Alumni"	UC Berkeley School of Public Health
2018	In Recognition for Outstanding Contribution to the Advancement of Women's Reproductive Health	Bixby Center for Global Reproductive Health, UCSF
2019	Holly Smith Award for Exceptional Service to the UCSF School of Medicine	University of California, San Francisco
2020	Pioneer Award	School-Based Health Assembly
2020	Martha May Eliot Award in Maternal and Child Health	American Public Health Association

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2021	2020 Title V Lifetime Achievement Award	Maternal and Child Health Bureau (MCHB)
2024	Excellence in Maternal, Child, and Adolescent Health Leadership Award	UC Berkeley School of Public Health Department of Maternal, Child, and Adolescence Health

**Note:** In 2023, the Claire D. Brindis Award for Community Engagement and Service in Health Policy Research was established by the Philip R. Lee Institute for Health Policy Studies at UCSF. This award recognizes UCSF faculty who are engaged in policy-focused research and advocacy which address social, health, and, ethnic, and racial disparities; this research and advocacy serve to improve community wellbeing. Community engagement and service spans a range of fields and topics, including – but not limited to – collaboration with federal, state, or local government agencies, local and community clinics, school systems, and community-based organizations. Additionally, such service may include other community and institutional efforts to advance the health and well-being of historically underserved and excluded populations. The Award recognizes a UCSF faculty member who embodies a commitment to giving voice, representation, and service to historically underserved communities; this advocacy and research in healthcare design inform policymaking in ways which achieve tangible gains in health and well-being.

#### **KEYWORDS/AREAS OF INTEREST**

United States healthcare reform, adolescent and child health policy, health disparities, and social determinants of health, adolescent pregnancy and pregnancy prevention, adolescent and young adult health and risk-taking behaviors, reproductive health services for men and women, program evaluation, Latino health, global reproductive health, migration and health, knowledge-transfer.

#### **PROFESSIONAL ACTIVITIES**

##### **MEMBERSHIPS**

1972 - present American Public Health Association  
 1984 - present Society for Public Health Education  
 1985 - present Society for Adolescent Medicine and Health  
 1985 - present Society for Health Education  
 1988 - present American School-Health Association  
 1995 - present National Assembly for School-Based Health Care  
 2000 - present AcademyHealth  
 2005 - present National Alliance for Hispanic Health  
 2015 - present Society of Family Planning

#### **SERVICE TO PROFESSIONAL ORGANIZATIONS**

National Academies of Sciences, Engineering, and Medicine/National Research Council

Prepared: July 2, 2025

2005-2006	Contributions from the Behavioral & Social Sciences in Reducing and Preventing Teen Motor Crashes Institute of Medicine and the Division of Behavioral and Social Sciences and Education. The National Academies of Sciences, Washington DC.	Member
2020-2025	NRC, Advisory Board, Division of Behavioral and Social Sciences and Education Studies	Member
2012 – 2016	National Academy of Medicine (formerly IOM), Section 1 Health Policy and Health Care Systems Working Groups	Elected Member (Two Terms 3 years each)
2021-2024	Executive Committee of the NAM Council	Vice-Chair (During Term 2)
2018-2024	Council of the National Academy of Medicine	Member
2021-2024	Council of the National Academy of Medicine (NAM)	Member
2021-2023	NASEM (National Academies of Science, Engineering and Medicine), National Research Council (NRC) National Research Council (NRC), Executive Committee	Member
2021-2024	National Research Council (NRC) Governing Board Budget and Finance Committee	Member
2021-2024	National Research Council (NRC) Governing Board Project Approval Committee	Workshop Planning Committee and
2021-2024	National Research Council (NRC) Governing Board NAM Council Nominating Committee	Workshop Moderator
2018-2023	Committee on Science, Engineering, and Medicine and Public Policy (COSEMPUP), NASEM	Member, Policy, Financing, and Metrics
2021-2022	National Academy of Medicine Advancing Maternal Health Equity and Reducing Maternal Morbidity and Mortality. ( <a href="https://www.nap.edu/download/26307">https://www.nap.edu/download/26307</a> )	Member, Health Systems Member
2022 - Present	National Academy of Medicine, (NAM) Action Collaborative on Decarbonizing the U.S. Health Sector	Planning Committee
2023-2024	National Academy of Medicine (formerly IOM), Section 1 Health Policy and Health Services Working Group	Report Monitor

Prepared: July 2, 2025

2023-2024	National Academy of Sciences, Cultural Programs of the National Academy of Sciences and the CDC Foundation, Boosting Vaccine Confidence with the Arts	Chair
2023	NASEM: Identification and Prognosis of Low Birth Weight Babies and Disability Determinations	Member
2022-2025	NASEM, Standing Committee on Reproductive Health, Equity and Society	Chair
2024-2025	NASEM and National Research Council (NRC) Governing Board Project Approval Committee	Chair
2025 – Present	Advisory Committee, Division of Social and Behavioral Studies and Education Studies (DBASSE), NRC	Chair
2024- Present	National Academy of Medicine, President Search Committee	Chair

#### **Other Professional Associations and Organizations**

1996 - 2022	AcademyHealth	Member, Advocacy Committee
1993 - 1993	American Public Health Association	Annual Program Committee, Section on Family Planning and Reproductive Health
1996 - 2000	National Assembly for School-Based Health Care	Technical Advisory Committee, Survey of School-Based Health Centers
1996 - 2006	National Assembly for School-Based Health Care	Member, Advisory Panel, Center for Evaluation and Quality
1997 - 1997	Society for Adolescent Medicine	Managed Care Ad Hoc Committee

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2000 - 2022	AcademyHealth	National Planning Committee for Annual Meeting, Chair, Session at Annual Conference. Elected Member, Board of Directors Secretary, Board of Directors, Chair, Governance Committee, Membership Committee Member
2001 - 2001	Society for Adolescent Medicine	Member, Advocacy Committee
2003 - 2003	American Public Health Association	Program Chair
2004 - 2005	American Public Health Association	Section President
2005 - 2007	American Public Health Association	Chair, Awards Committee, Member, Awards Committee
2005 - 2005	Society for Adolescent Medicine	Research (Standing) Committee
2009 - 2009	Society for Adolescent Medicine	Consultant, Diversity Task Force
2014 - 2019	Public Health Institute	Board Member
2015 - 2020	WestEd Justice & Prevention Research Center	Member, Advisory Board, Virtual Student Health Center Project
2015 - present	Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB)	Member, National Survey of Children's Health (NSCH) Technical Expert Panel (TEP)

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2017 - present	Public Health Institute	Advisory Council, Initiative for Multipurpose Prevention Technologies (IMPT)
2018 - 2019	AcademyHealth, Adolescents and Children Together for Health (ACT for Health)	Member, National Advisory Panel
2019 – present	Vanderbilt University Medical Center (VUMC)	Biomedical Science Advisory Board
2022- present	Health Affairs Scholar <i>Emerging &amp; Global Health Policy Journal</i>	External Advisory Board
2023- present	Social Policies for Health Equity Research (SPHERE) Center, Harvard School of Public Health	National Advisory Board Member
2023-present	AcademyHealth Assessing the Full Impact of the Dobbs' Decision – Working Group	Member

**SERVICE TO PROFESSIONAL PUBLICATIONS**

1999 - present	Editorial Board, Journal of Adolescent Health
1991 - 2018	Hispanic Health Care International; Editorial Review Board, Health Promotion Practice
1999 - 2018	Health Promotion Practice, Editorial Board
1999 - present	Journal of the American Public Health Association
1999 - present	Journal of the American Medical Association
1999 - present	Archives of Pediatrics and Adolescent Medicine
1999 - 2020	Family Planning Perspectives
1999 - 2020	Perspectives on Sexual and Reproductive Health
1999 - 2020	American Journal of Preventive Medicine, Guest Editor (Long-Acting Reversible Contraceptive Methods in the Developing Word)
1999 - present	Maternal and Child Health Journal, Editorial Board

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2017 - 2017 Maternal and Child Health Journal, Guest Editor (Long-Acting Reversible Contraceptive Methods in the Developing World, September, 2017)

2017 - 2017 Journal of Adolescent Health, Guest Editor (Special Supplement on Teenage Pregnancy Prevention)

2019 – present Health Services Research Journal - Reviewer

2022 - present Health Affairs Scholar, External Advisory Board

**INVITED PRESENTATIONS - INTERNATIONAL**

2005	Canadian Evaluation Society and American Evaluation Association, Toronto, Canada,	Keynote address
2008	Binational Conference Defining a Research Agenda on Migration and Health: The Voice of the Community. University of California	Invited Talk
2009	Binational Conference: IX Semana Binacional de Salud / Ninth Annual Binational Policy Forum on Migration and Health Santa Fe, NM	Plenary Talk
2010	The 21st Scientific Conference of the Saudi Heart Association. Riyadh, Saudi Arabia	Two invited talks
2010	Institut Jantung Negara (National Heart Institute), Kuala Lumpur, Malaysia	Two invited talks
2011	Egyptian Society of Cardiology: Adolescent obesity, Systems Change, Pediatric Congenital Health Disease. Alexandria, Egypt	Three invited talks
2011	Mexican Society of Cardiology Annual Meeting: Adolescent obesity. Puerto Vallarta, Mexico	Invited talk in Spanish
2012	Societatea Romana De Cardiologie. National Congress of Cardiology Annual Meeting. Bucharest, Romania. 2012. (Childhood and Adolescent Obesity and the Role of Comprehensive Prevention Approaches)	Invited Talk
2012	Pan American Health Organization (PAHO) What Works in Pregnancy Prevention: Current Scientific Evidence and Lessons Learned. San Salvador, Salvador. August 24, 2012 (Spanish and English).	Invited Talk (English and Spanish)
2014	World Bank: International Interagency Conference: Current Evidence, Lessons Learned and Best Practices in Adolescent Pregnancy Prevention in Latin America and the Caribbean, Managua, Nicaragua 2014.	Invited talk in Spanish
2014	Robert Wood Johnson Foundation, Social Determinants of Migrant's Health Conference: The Burden of the Invisibles: The Experiences of the Deferred Action for Childhood Arrivals Within a Socio-Economic Context. Bellagio, Italy, October 10, 2014	Invited Talk

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2016	University of Ottawa, Building Health Systems and Health Equity for Populations Affected by Migration. Health Equity Impact Assessment. Ottawa, Canada. May 16-17, 2016.	Invited Talk
2017	Instituto Nacional de Perinatologia, Mexico City, Mexico. Reunion Anual INPer 2017: Salud Sexual y Reproductiva del Adolescente: Impacto Perinatal: Presentation: El Embarazo de Adolescentes en Mexico y en California: Politicas Publicas y Consecuencias Programaticas, April 4, 2017.	Invited Talk
2020	Adolescent Health and Well Being Issues: A Global Perspective. Indian Institute of Public Health. Gandhinagar, India. January 3, 2020.	Invited presentation
2020	Living in Time of Uncertainty: Advancing Women's Health in India. Joint International Conference 16th Annual Scientific Symposium. Ahmedabad, India. January 4, 2020.	Invited presentation & panel discussion

**INVITED PRESENTATIONS - NATIONAL (2006-Present)**

2006	A Profile of Adolescent Health and Healthcare Needs". National Institute for Health Care Management Foundation; Washington, DC	Keynote address
2006	Future Directions in Adolescent Healthcare Delivery". Society for Research in Adolescent Health, Boston, MA	Keynote address
2006	Teenage Pregnancy Prevention—Trends and Lessons Learned". Society for Adolescent Medicine, Boston, MA	Keynote address
2006	Developing a Career in Health Policy and Advocacy". American Public Health Association Student Assembly, Boston, MA	Invited talk
2006	"Preventing Teenage Pregnancy: Recent Trends and Directions". Contraceptive Technology Annual Meeting, San Francisco, CA	Keynote address
2006	"The Health and Mental Health Needs of Adolescents". Association of Maternal and Child Health Epidemiology, 12th Annual Conference, OMNI Hotel CNN Center, Atlanta, GA	Keynote address
2007	"A Profile of Adolescent Health and Healthcare Utilization". The National Academies. Research Workshop on Adolescent Health Care Services and Systems, Washington, DC	Platform presentation



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2007	“Using State Data to Respond to the Health Needs of Adolescents”. Association of Maternal & Child Health Programs Annual Conference, Arlington, VA	Plenary talk
2007	“Health Care Coverage for Adolescents: Where are the Gaps?”. AcademyHealth Meeting, Orlando, FL	Invited talk
2007	“Meeting the Needs of Adolescents: Promising State Directions”. National Conference of State Legislators, Boston, MA	Invited talk
2007	"Responding to the Health Needs of Adolescent Males: Opportunities and Challenges". The National Campaign to Prevent Teen and Unplanned Pregnancy, Santa Monica, CA	Platform presentation
2007	“Preconception Health and Health Care”. Second National Summit, in collaboration with the Department of Health and Human Services, Centers for Disease Control and Prevention, and the Health Resources and Services Administration, Oakland, CA	Invited talk
2009	“A Health Profile of America’s College Age Students”. American College Health Association. Building Bridges by the Bay: 2009 Annual Meeting, San Francisco, CA	Keynote address
2009	“The Role of Community-Based Organizations in Meeting the Health Needs of Women”. National Institutes of Health, NIH/Office of Research in Women's Health and UCSF Center of Excellence in Women's Health, New Dimensions and Strategies for Women's Health Research, National Conference, San Francisco, CA	Platform
2009	“Evaluating Community Agencies Serving Women: Promising Findings”. Johnson and Johnson Foundation and UCSF Center of Excellence in Women's Health. Fostering Excellence in Women's Health Through Academic - Community Partnerships, Annual Convening, Hotel Kabuki, San Francisco, CA	Invited talk
2010	“Meeting the Health Needs of Adolescents: Future Directions”. GrantMakers in Health Annual Meeting on Health Philanthropy, Charting a Healthy Life Course for Children, Orlando, FL	Invited talk
2010	Using State Profile Data to Develop New Program Strategies”. Association of Maternal & Child Health Programs Annual Conference. National Harbor, MD	Invited panelist

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2010	"The Needs of Adolescents and Young Adults – Future Directions". AcademyHealth Annual Conference, Boston, MA	Invited panel presentation
2010	"Making Healthy People 2020 Come Alive for Promoting Adolescent Health". 20th Annual CityMatCH Conference. Making Healthy People 2020 Come Alive for Promoting Adolescent Health, Chicago, IL	Invited presentation
2010	"Maternal and Child Health Reform: Looking to the Future". AMCHP Annual Meeting, Washington, DC	Invited speaker
2011	"The Environment of Girl's Health and Next Steps in the Creation of a National Initiative to Improve the Health of Young Women and Girls". Department of Health and Human Services, Office on Women's Health, Washington, DC	Invited briefing
2011	"Approaches for Supporting Pregnant and Parenting Teens". Office of Population Affairs Office of Adolescent Pregnancy Programs; Washington, DC	Invited speaker
2011	"Male Adolescent Health: Future Directions". The 2011 National Conference for Male Family Planning and Reproductive Health Services, San Francisco, CA.	Invited talk
2011	"IUD Summit: US Trends in IUD Use". Des Moines, IA.	Invited speaker
2012	"The Health Needs of Adolescents and Young Adults". AcademyHealth Annual Research Meeting, Washington, DC.	Invited speaker and panelist
2012	"Lessons Learned in Adolescent Pregnancy Prevention". National Reproductive Health Conference Title X.	Invited speaker
2012	"Evaluation of the Iowa LARC Initiative: Early Research Findings". Policy Briefings, Des Moines, IA.	Invited speaker
2012	"A Profile of Adolescent and Young Adult Health". 18th Annual Maternal and Child Health Epidemiology (MCH EPI) Conference. <a href="http://learning.mchb.hrsa.gov">learning.mchb.hrsa.gov</a>	Invited speaker and moderator
2012	"The Needs of Adolescents: How Can we Best Respond in an Era of Health Reform?" San Francisco Chapter of the National Association of Pediatric Nurse Practitioners. Stanford University, Stanford, CA.	Invited speaker

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2012	"Making Do with Less: The Impact of State Budget Cuts on California's Teen Pregnancy Prevention Programs". American Public Health Association Annual Meeting. San Francisco, CA.	Invited panel presentation.
2012	"Stayin' Alive and Thriving: Exploring Multiple Dimensions of SBHC Sustainability". American Public Health Association Annual Meeting. San Francisco, CA.	Invited panel presentation
2013	"Advancing the Maternal & Child Health Vision. The ACA, Adolescents and Young Adults". AMCHP Annual Conference.	Invited speaker
2013	"Improving the Health, Safety, and Well-being of Young Adults". Institute of Medicine, Washington DC.	Invited speaker
2013	"Taking Advantage of Natural Experiments for Child Health: Understanding How Policy Impacts Child Health Quality, Costs, and Utilization". AcademyHealth Annual Research Meeting, Washington, DC.	Invited speaker
2013	"Understanding Contraceptive Use in the United States". American Public Health Association Annual Meeting; Boston, MA.	Invited moderator
2013	"Following the Passion: Embedding the DNA of Research in a Policy Translation Career". American Public Health Association Annual Meeting. Boston, MA	Invited panel presentation
2013	"The California Hot Spots Study: Insights into Neighborhood-level Factors Associated with Teenage Pregnancy". American Public Health Association Annual Meeting. Boston, MA.	Invited Panel presentation
2013	"Exploring and Understanding Newer Reproductive Health Technologies: LARC Provider Perspectives from Colorado and Iowa". American Public Health Association Annual Meeting. Boston, MA.	Invited panel presentation
2014	"Improving Adolescent Health: State Data Resources". AMCHP Annual Conference. Washington, DC.	Invited speaker
2014	"Current Issues in Adolescent and Young Adult Health". AMCHP Annual Conference. Washington, DC.	Invited speaker

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2014	"Accelerating Progress for Adolescent Sexual Reproductive Health: Results from a Multi-Country Needs Assessment". World Bank Group, Washington, DC.	Invited speaker (with Decker, M)
2014	"Adolescent Development, Implications, and Policy Needs". Ohio Adolescent Health Partnership. Columbus, OH.	Keynote address
2014	"Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA): Health Coverage and Mental Health Stressors". Robert Wood Johnson Foundation Nursing and Health Policy Collaborative/University of New Mexico: Assessing the Impact of Immigration and Health Policy. November 21, 2014.	Invited speaker
2015	"Improving Contraceptive Options Now". Project Advisory Board Meeting, MDRC (organizing foundation). New York, NY.	Invited panelist
2015	"The Health and Well-being of Young Adults: Highlights from an Institute of Medicine/National Research Council Report". Society for Research in Child Development, Philadelphia, PA.	Roundtable discussion
2015	"The Impact of the Affordable Care Act on Women." California Wellness Foundation sponsored presentation by the Commonwealth Club of San Francisco. SF, CA. (audio <a href="http://bit.ly/1xJHr7c">http://bit.ly/1xJHr7c</a> ) <a href="http://www.commonwealthclub.org/events/2015-03-16/impact-affordable-care-act-women">http://www.commonwealthclub.org/events/2015-03-16/impact-affordable-care-act-women</a>	Invited presentation
2015	"Adolescents & Young Adults in Title V Transformation: Understanding Needs, Designing & Selecting Measures, and Achieving Outcomes." AMCHP Annual Conference. Washington, DC, January 24, 2015.	Invited speaker
2015	" <a href="#">The Health &amp; Well-Being of Young Adults</a> ." AMCHP Annual Conference. Washington, DC. Washington, DC. January 26, 2015.	Invited speaker
2015	"Young Adults on Campus: Confronting the Health Challenges." Society for Public Health Education Annual Meeting, Portland, OR. April 23, 2015	Plenary session
2015	"Partnering to Encourage Healthy Beverage Intake through Childcare: A Pilot Study." Pediatric Academic Societies (PAS), San Diego, CA. April 25-28, 2015.	Poster presentation

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2015	"Strategies and Tactics for Achieving Meaningful Consumer Engagement in Health Care." AcademyHealth Advocacy Interest Group (ARM) Interest Group, June 13, 2015.	Invited panel presentation
2015	"In Their Own Words: Improving the Care Experience of Families with Children with Special Health Care Needs." AcademyHealth Child Health Services Interest Group, June 13, 2015.	Invited talk
2015	"Assuring Access and Use of Health Services by Adolescents and Young Adults under the ACA." U.S. Centers for Disease Control and Prevention, Atlanta, GA. August 17, 2015.	Invited presentation
2015	"Adolescents in the United States: Health Care for Adolescents: How to Improve it. U.S. Centers for Disease Control and Prevention, Grand Rounds. Atlanta, GA. August 18, 2015.	Invited panel Webinar
2016	"Assessing Youth-Friendly Health Services (YFHS) for Adolescent Sexual and Reproductive Health: A Systematic Review." Consortium of Universities for Global Health Conference. San Francisco, CA. April 9-11, 2016.	Poster presentation
2016	"Transforming HealthCare for Adolescents and Young Adults: Improving Quality and Access through Innovation and Collaboration." AMCHP Annual Conference, Washington, DC. April 6, 2016.	Lead panelist
2016	"Investing in the Health and Well-Being of Young Adults: A Health Profile of Young Adults: A Window of Opportunity for Early Cancer Intervention." Opportunities for Cancer Prevention During Early Adulthood, April 13, 2016, CDC National Association of Chronic Disease Directors. Decatur, GA.	Invited talk
2016	"Not Lost in Translational Science: Lessons Learned in Building a Research and Policy Pipeline." Emory University. Student Research Day, Atlanta, GA, April 21, 2016.	Keynote address
2016	"Make Your Own Adventure: Leadership in a Transformative Time" Emory University. Student Research Day, Atlanta, GA. April 21, 2016.	Invited talk
2016	"Policies: Health Equity Impact Assessment." WHO Collaborating Centre on Technology Assessment and Health Equity- Evidence, Process and Migrant Health, University of Ottawa, May 16, 2016.	Invited panelist

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2016	"Evidence-Based Innovations to Support Women in Biomedical Research Careers." NIH Office of Research on Women's Health, Bethesda, MD. June 6, 2016.	Invited presentation
2016	"Policy Translation: A Multi-Method Approach to Evaluating California's Family Planning Policy and Program." Penn State College of Medicine: Division of Health Service and Behavioral Research: Seminar Series (Sponsored by BIRCWH Program). November 14, 2016.	Invited speaker
2016	"Mental Health Providers in School-Based Health Centers: A Potential Solution to Address Chronic Childhood Trauma." Forum on Promoting Children's Cognitive, Affective and Behavioral Health. The National Academies, Washington, DC. November 29, 2016.	Poster presentation
2017	"Advocacy for Global Family Planning/Reproductive Health Scale". IBP Consortium Meeting, Chaired by Public Health Institute, Oakland, CA. January 17, 2017.	Keynote address
2017	"Achieving relevance and visibility in an academic research career - opportunities and potential pitfalls." BIRCWH Leadership Webinar Series (Sponsored by BIRCWH Program). Webinar, June 15, 2017. <a href="https://youtu.be/4zaV92w1LuQ">https://youtu.be/4zaV92w1LuQ</a>	Webinar
2017	"The Role of Long Acting Reversal Contraceptive: Taking the Pulse." American Public Health Association Annual Meeting, Atlanta, GA. November 6, 2017.	Invited presentation
2017	"Demonstrating School Health Center Impacts through a Results-Based Accountability Framework." American Public Health Association Annual Meeting, Atlanta, GA. November 6, 2017.	Poster presentation
2017	"Folks Do Fall Through the Cracks: Barriers to Care for Young Adults Churning Between Health Insurance Plans." American Public Health Association Annual Meeting, Atlanta, GA. November 6, 2017.	Invited presentation
2017	"Future Policy Directions for Opportunity Youth: Where Do We Go From Here?": Making Connections Matter for Adolescents. John Hopkins University, Baltimore, MA. December 6, 2017.	Invited presentation

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2018	"Overview and Accomplishments of the AYA-H-NRC National Strategies." Society of Adolescent Health and Medicine, Seattle, WA. March 15, 2018.	Invited presentation
2018	"What's New in Clinical Preventive Services? New Evidence, Guidelines, Policies – Challenges and Opportunities". Society of Adolescent Health and Medicine, Seattle, WA. March 14-17, 2018.	Invited presentation
2018	"Healthcare at a Crossroads: Where Do We Go From Here?" Initiative for Regulation and Applied Economic Analysis Conference, Montana State University, Bozeman, MT. April 5-6, 2018.	Invited 2 presentations
2018	"Through The Looking Glass: The Role of Clinical Preventive Visits in Improving Adolescent Health". Oregon Pediatric Society Conference, Portland, OR, April 28, 2018.	Invited presentation
2018	"Creating Access to Care for Adolescent and Young Adult Males". 2018 National Adolescent and Young Adult Male Summit, Washington, DC. June 7, 2018.	Invited Keynote
2018	"Advancing Health Equity and Justice in California: A Landscape Analysis". Grantmakers in Health Conference. Chicago, IL, June 19, 2018.	Invited presentation
2019	"Use of Youth-Centered Mobile Health Application, Health-E You/Salud iTu, to Reduce Disparities in Contraceptive Knowledge, Access and Unintended Pregnancy Among Sexually Active Latina Adolescents". Society for Adolescent Health and Medicine Annual Meeting, Washington, DC. March 6-8, 2019.	Poster presentation
2019	"The Promise of Adolescence". Society of Preventions Research Annual Meeting. San Francisco, CA. May 30, 2019.	Roundtable discussion
2019	"Joining Forces: Advancing an Agenda for Adolescent Mental Health Services" AcademyHealth Summit on Teen Mental Health Crises. Washington, DC. June 5, 2019.	Invited presentation
2019	"Race, Gender, and Immigration Status: New Frontiers in Health Funding for Latinx". GIH Annual Conference on Health Philanthropy. Seattle, WA. June 13, 2019.	Invited presentation



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2019	"Walking the Walk: Applying Positive Youth Development Approaches to Adolescent Health". American Public Health Association, Office of Adolescent Health and Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. June 18, 2019.	Invited webinar presentation
2019	"Migration roles in the Lives of Latina Youth: A Binational Comparison". APHA Annual Meeting, Philadelphia, PA. November 4, 2019.	Invited presentation
2020	"The Promise of Adolescence" Health System Webinar. Board of Children, Youth, and Families. The National Academies of Science, Engineering, and Medicine. March 26, 2020.	Invited webinar presentation
2020	"Flourishing in Adolescence: Forum for Children's Well-Being Spring Virtual Workshop". The Promise of Adolescence: Realizing Opportunity for All Youth. The National Academies of Science, Engineering, and Medicine. May 5, 2020.	Invited presentation
2023	Improving the Health and Well-Being of Adolescent and Young Adult Health through System Transformation, Committee on Improving the Health and Wellbeing of Children and Youth through Health Care System Transformation, National Academy of Science, Engineering, and Medicine, February 28, 2023	Invited Presenter
2023	National Academy of Sciences, Engineering, and Medicine, "After Roe: Physician Perspectives & Workforce Implications," on May 25, 2023, you can view a recording of that event via the link below. <a href="https://nam.edu/event/after-dobbs-physician-perspectives-workforce-implications/">https://nam.edu/event/after-dobbs-physician-perspectives-workforce-implications/</a>	Session planner and moderator
2024	National Academy of Medicine, Council Meeting: Panel on the Standing Committee on Reproductive Health. Equity and Society	Session planner, speaker, and moderator
2024	National Academy of Sciences, Engineering and Health, Standing Committee on Reproductive Health, Equity and Society, Promising Strategies to Address Health Disparities Across the Reproductive Life Cycle. A Webinar	Session planner and moderator



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2025	Implications For Primary Care of New Directions for Women's Health: Expanding Understanding, Improving Research, and Addressing Workforce Limitations, National Academy of Sciences, Engineering, and Medicine, Standing Committee on Primary Care .	Speaker
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**INVITED PRESENTATIONS - REGIONAL AND OTHER INVITED PRESENTATIONS**

2004	"Adolescent Pregnancy: A Current Profile and Dilemma for Clinicians and Other Decision makers," Clinical Conference of Child and Adolescent Psychiatry, Langley Porter, Psychiatric Institute, UCSF, San Francisco, CA	Invited lecture
2006	"The Use of Focus Group Research Methodology in Health Services Research," Health Policy Post-Doctoral Program, UCSF	Invited lecture
2006	"Conducting Effective Community Needs Assessments for Adolescent Health," Program in Maternal and Child Health, School of Public Health, UC Berkeley, CA	Invited lecture
2006	"A Profile of Adolescent Health – Miles to Go Before We Go to Sleep". Howard University Lecture Series, Washington DC	Invited lecture
2006	"Past, Present, and Future of Teenage Pregnancy Prevention", State of California, Maternal, Child, and Adolescent Branch, Teen Pregnancy Prevention Annual Meeting, Burlingame, CA	Keynote address
2006	"Adolescent Pregnancy and its Role in Health Disparities". Department of Health, DC-Baltimore Research Center on Child Health Disparities, Washington DC	Plenary talk
2006	"Creating a California Strategic Plan for Adolescents". California Adolescent Health Conference, Adolescent Health Collaborative, Oakland, CA	Plenary talk
2006	"Meeting the Needs of Adolescents in California". The California Wellness Foundation's Conference on Teenage Pregnancy Prevention, Oakland, CA	Keynote address
2006	"A Profile of Adolescent Health and Healthcare Coverage". Children's National Medical Center, Grand Rounds, Washington DC	Invited lecture
2006	"Teenage Pregnancy Prevention". Pediatric Grand Rounds, Department of Pediatrics, UCSF	Invited lecture
2007	"Future Directions in Teenage Pregnancy Prevention". The California Wellness Foundation Conference on Teenage Pregnancy Prevention, San Francisco, CA	Keynote address

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2008	"Teenage Pregnancy Prevention --- Lessons Learned". 5th Annual Conference: The Adolescent Working Group, San Francisco, CA	Plenary talk
2008	"The Family PACT Program: Evaluation Findings". Family PACT Conference for California Counties: Optimizing Family PACT in a County Health System, Sacramento, CA	Invited talk
2008	"Parental Notification: What Can Be Learned from the Experience of Other States?" Grand Rounds, Department of Obstetrics, Gynecology, and Reproductive Health Sciences, UCSF, San Francisco, CA	Invited lecture
2008	"Translating Research in Policy: Lessons Learned". Institute for Health Policy Studies, Post-Doctoral Fellowship, UCSF, San Francisco, CA	Invited lecture
2008	" Meeting the Needs of Immigrant Youth: Promising Directions". The Center for Comparative Immigration Studies, (CCIS) Weaver Center, University of California, San Diego	Invited talk
2008	"Cross-Border Health: Creating an Agenda for Future Directions". Global Health Forum, UCSF, San Francisco, CA	Invited talk
2009	"Adolescent Pregnancy Prevention: Making Progress and Not Losing Ground". The California Wellness Foundation Conference on Teenage Pregnancy Prevention, Los Angeles, CA	Keynote address
2009	"A Profile of Adolescent Health – Beyond Teenage Pregnancy Prevention". Adolescent Sexual Health Symposium, ACT for Youth Center of Excellence, New York, NY	Invited talk
2009	"Women's Health in California – Making Inroads". The California Wellness Foundation Conference on Women's Health, San Francisco, CA	Invited plenary talk
2009	Testimony on the Role of School Based Health Centers. State of California Assembly Legislature, Committee on Schools and Community, Informational Hearing	Invited talk
2009	"The Role of Teenage Pregnancy Prevention in Improving Economic Outcomes". Berkeley Center on Health Economics and Family Security, University of California, Berkeley, CA	Invited panel moderator
2009	"Prevention of Adolescent Cancer". UCSF Helen Diller Comprehensive Cancer Center Annual Symposium: The Prevention of Cancer, San Francisco, CA	Invited speaker

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2009	Expert Testimony on School Based Health Centers. State of California, Assembly Select Committee on Schools and Community	Invited speaker
2009	Health Care Reform (Part of a Mini-Medical School series), UCSF Medical School of Medicine, UCSF, San Francisco, CA	Invited lecture
2010	"Meeting the Needs of Pregnant and Parenting Adolescents – Evaluation Findings". Adolescent Family Life Annual Conference, Oakland, CA	Invited speaker
2010	"Comparative Effectiveness Research: Opportunities and Challenges". Clinical and Translational Science Institute and the San Francisco Coordinating Center, San Francisco, CA	Invited panelist
2010	"Qualitative Research Methods in Immigrant Health". University of California Global Health Institute Center of Expertise on Migration and Health. First Annual Research Training Workshop. UC San Diego	Invited panelist
2010	"Health Care Reform in California: A UC View of Prospects and Challenges". In cooperation with the California Senate Health Committee; California Program on Access to Care. UC Berkeley School of Public Health.	Invited presentation
2010	"Migration and Health in California". University of California, Irvine Global Health Day.	Invited speaker
2010	"The Evaluation of the Family PACT Program". School of Public Health, University of California, Berkeley.	Invited speaker
2010	"Teenage Pregnancy Prevention - What Lies Ahead?" The California Wellness Foundation Conference, San Francisco, CA	Invited speaker
2011	"Organizational Learning and Evaluation: Implications for Future Investments". The California Wellness Foundation Conference, Los Angeles, CA	Invited speaker
2011	"Disparities in Health". Young Scholars Group, Department of Epidemiology and Biostatistics and CTSI, UCSF	Invited talk
2011	"Conducting Multi-Disciplinary Research in Family Planning Care". Bridging Interdisciplinary Research Careers in Women's Health (BIRCWH) health seminar series, UCSF	Invited talk
2011	"Promising Strategies: Improving Adolescent Health". San Mateo County Teen Pregnancy Prevention Summit. San Mateo, CA.	Invited plenary speaker
2011	"Conducting Program Evaluation in Family Planning". Bixby Center for Global Reproductive Sciences Research Seminar. San Francisco, CA	Invited speaker

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2012	"Reflections and Lessons Learned in Establishing the Women's Preventive Health Services". 40th Annual Psychosocial Workshop. San Francisco, CA.	Invited keynote speaker
2012	"Lessons Learned in Developing a Research and Advocacy Career". Clinic, Advocacy, Research and Training (CART) Group, Office of Developmental Primary Care, UCSF	Invited talk
2012	"Health Policy in Community Engagement". Fellowship of Fellows, UCSF	Invited talk
2012	Young Adult Health and Well-Being: Trends and Promises". Promoting Positive Development in the Third Decade of Life: A Multidisciplinary and International Conference. Center for Advanced Study in the Behavioral Sciences, Stanford University, CA.	Invited panel presentation
2012	"Adolescent Health Insurance Coverage – How can the ACA Improve the Health of Adolescents". Adolescent Health Care Conference. San Francisco, CA.	Invited Keynote
2012	"Migrant Health – Creating a Bi-National Agenda for Research". 7th Annual Summer Institute on Migration and Global Health.	Invited talk
2012	School of Medicine Pathways Explorers in Health and Society on Shaping a policy Translation Career.	Invited talk/panel
2012	"A Profile of Native American Adolescents in California". State Indian Health Program. Sacramento, CA.	Invited talk
2013	"Health Care Reform". Robert Wood Johnson Health and Society Policy Scholars Program. San Francisco, CA.	Invited lecture
2013	"Health Care Reform". (Part of a Mini-Medical School series), UCSF Medical School of Medicine, UCSF, San Francisco, CA	Invited lecture
2013	"Taking the Pulse and Moving Forward-Reducing Teenage Pregnancy in Santa Clara County". Santa Clara County Adolescent Pregnancy Prevention Network (APPN) Retreat.	Invited talk
2013	"Aligning Assets to Improve Community Health and Health Equity: SFHIP Lessons and Strategic Directions". San Francisco Health Improvement Partnerships. San Francisco, CA	Invited talk
2013	"Taking the Pulse: Improving the Health, Safety and Well-Being of Young Adults". UCSF Center for Vulnerable Populations Seminar Series, San Francisco, CA	Invited lecture
2013	"The Role of Program Evaluation and Advocacy". Changing the World through Life Science Innovation Symposium. University of San Francisco, CA	Invited speaker

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2013	"Adolescent and Young Adult Health: Implications for Public Health, Mental Health Policy, and Clinical Services". Department of Psychiatry, Child and Adolescent Psychiatry (CAP) Grand Rounds, UCSF, San Francisco, CA	Invited lecture
2013	"The Effect of Public Family Planning Services on Fertility". Implementation Science and the Global Response to HIV/AIDS. UCSF CFAR 2013 Symposium.	Invited speaker
2013	"Report Back from the Institute of Medicine Meeting: Improving the Health, Safety and Wellbeing of Young Adults". UCSF Center for Vulnerable Populations Seminar Series (also available as video at CHARM Website), San Francisco, CA	Invited lecture
2014	"Adolescent and Young Adult Health in San Francisco: Opportunities for Change". Health Working Group (AHWG), 11th Annual Provider Training: Patient-Centered Care for Young Women, San Francisco, CA	Keynote speaker
2014	"Funding Your Research Beyond the NIH". UCSF Faculty Development Day. UCSF Campus Council on Faculty Life. September, 2014	Invited panelist
2014	"How Will We Know it is Working: Monitoring the Impact of the ACA in Years to Come". PRL-IHPS-Osher Mini Medical School on Health Reform, UCSF, San Francisco, CA	Invited panelist
2014	"Assessing the Impact of Health Care Reform". Health Policy Colloquium, UC Berkeley, Berkeley, CA	Invited panelist
2015	"Findings From the Family PACT Providers and Health Care Reform Implementation Study". California State Department of Health Care Services. January 2015.	Invited presentation
2015	"No Federal Immigration Reform? What States Can Do to Improve the Health of Undocumented Workers". 2015 UC Global Health Day. UC Global Health Institute and UCLA. April 18 2015.	Plenary panel
2015	"Aligning Health Care and Social Determinants of Health". Spring Research Symposium: Healthy Communities Research at UC Berkeley. UC Berkeley School of Public Health. May 7, 2015	Invited talk
2016	"Alumni Health Care Roundtable on Health Care Reform". Moderator Janet Napolitano; Claire Brindis panelist. The (UCSF) Chancellor's Breakfast/Alumni Weekend, San Francisco, April 9, 2016.	Invited panelist

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2017	"Living in a Time of Uncertainty: Advancing Women's Health in 2017 and Beyond". UCSF Monthly Collaboratory Series. San Francisco, CA. January 12, 2017.	Moderator/panelist
2017	"Making an Impact in Science through Positive Influence". Leadership Panel: "Understanding, Bridging, Inspiring." UCSF Zuckerberg SFGH. Symposium, February 2, 2017.	Lead panelist
2017	"The Threat of the Trump Administration for Women's Access to Reproductive and other Preventive Health Services for Women". UCSF Community Dialogue for Women's Health, January 20, 2017.	Invited panelist
2017	"Lessons Learned in Translating Research into Policy." Research That Gets Results: A Symposium on Science-Driven Policy Change. Bixby Center for Global Reproductive Health. March 2, 2017.	Invited panel presentation
2017	"Science Advocacy 101". Forum with Vice Chancellor for Science Policy and Strategy. In the series of "Advocating for Science and Scientists in 2017 and Beyond." Graduate Division and the Science Policy Group at UCSF March 27, 2017. <a href="https://graduate.ucsf.edu/be-an-advocate">https://graduate.ucsf.edu/be-an-advocate</a>	Invited panelist
2017	"Federal Policy in 2017: What Faculty Should Know and What They Can Do." University of California, San Francisco Academic Senate Division Meeting, May 11, 2017. <a href="https://senate.ucsf.edu/division-meeting">https://senate.ucsf.edu/division-meeting</a> .	Invited presentation
2017	"At the Policy Forefront: Evaluating California's Efforts in Assuring Access to Quality Reproductive Health." University of California, Sacramento Speakers Series: August 2, 2017. <a href="http://uccs.ucdavis.edu/events/2017-August-2-Brindis">http://uccs.ucdavis.edu/events/2017-August-2-Brindis</a>	Invited presentation
2017	<a href="#"><u>"Trumpcare: Is It the Right Treatment for What Ails the American Health Care System?"</u></a> Commonwealth Club, San Francisco. August 3, 2017.	Invited presentation
2017	"Lessons Learned in a Policy Translation Research Career". Dean's Forum on Public Service. Herbst Hall Auditorium, UCSF Mt Zion Campus. August 28, 2017.	Invited presentation
2017	"At Risk – Protecting Women's Health During a Time of Uncertainty." The Yale Alumni NonProfit Alliance, San Francisco. November 14, 2017.	Invited presentation
2017	UCSF Preterm Birth Initiative World Prematurity Day: The CA Policy Roundtable Working Toward a Policy Action Agenda. San Francisco, CA. November 15, 2017.	Invited session chair
2018	"Personal Leadership Development". Johnson & Johnson Foundation: GenH Challenge: Personal Leadership Development. San Francisco, CA. January 18, 2018.	Invited presentation

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2018	"Mentorship and Sponsorship are Crucial to Career Development for Women Faculty". UCSF Faculty Mentoring Program. Mentorship and Sponsorship are Crucial to Career Development for Women Faculty. San Francisco, CA. January 31, 2018.	Invited panelist
2018	"Discussion on Childhood Mortality". Clinical and Translational Research Fellowship Journal Club, Discussion on Childhood Mortality. University of California, San Francisco, CA. February 15, 2018.	Expert discussant
2018	"The Role of Policy Research within Precision Medicine". Marcus Mixer2: Marcus Program in Precision Medicine Innovation (MPPMI), UCSF Research Development Office's Team Science Program. University of California, San Francisco, CA. February 21, 2018.	Invited speaker
2018	"The Role of Academic Centers within the Field". First Annual Colloquium on Population Health and Health Equity. University of California, San Francisco, CA. May 28, 2018.	Invited panelist
2018	"Theories, Design, Strategies, and Instruments for Evaluating Advocacy and Policy Change Initiatives". San Francisco Bay Area Evaluator's Workshop. San Francisco, CA, June 20, 2018	Invited presentation
2018	"Policy Translation: Lessons Learned". RISE Speaker Series, Center for Vulnerable Population. University of California, San Francisco, CA. July 11, 2018	Invited presentation
2018	"Lessons Learned in Developing a Policy Translational Career in Reproductive Health". Brown Bag Luncheon Series, Philip R. Lee Institute for Health Policy Studies. University of California, San Francisco, CA. August 21, 2018.	Invited presentation
2018	"Advancing Health Equity and Justice in California: A Landscape Analysis". Hispanics in Philanthropy Advancing Latino Health Equity Convening. Oakland, CA. November 7, 2018.	Invited presentation
2018	"Through the California Crystal Ball: A Health Landscape and Future Direction". National Advisory Council and Faculty Task Force, California Health Benefits Review Program Annual Meeting. Berkeley, CA. November 15, 2018.	Keynote speaker
2018	"Organizer of Within Your Reach: Using Implementation Science to Advance Your Team Science". UCSF Research Development Office's Team Science Program. University of California, San Francisco, CA. December 11, 2018.	Moderator



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2019	"What comes next: How the midterm election results impact reproductive rights and health". California Preterm Birth Initiative Collaboratory Discussion Series. University of California, San Francisco, CA. December 13, 2018.	Moderator
2019	Writing for Policy Makers Workshop Series, 3 Part Series. Science Policy Group, University of California, San Francisco, CA. February 21 and March 4, 2019.	Moderator/panelist
2019	Translating Research into Policy Action, UCSF California Preterm Birth Initiative Grantee Workshop, University of California, CA. April 4, 2019.	Invited session chair
2019	Summer School: UC Network on Child Health, Poverty and Public Policy, UC Berkeley, CA. September 4, 2019.	Invited panelist
2019	"Surviving on Soft Money Environment". Building Interdisciplinary Research Careers in Women's Health (BIRCWH) Meeting, UC Davis, CA. October 7, 2019.	Moderator/panelist
2019	"Not Lost in Translational Science: Lessons Learned in Building a Research and Policy Pipeline". Global Health Science Seminar, UCSF, San Francisco, CA. October 31, 2019.	Invited presentation
2020	"The Promise and Challenges of the ACA for Women, Young Adults, and Adolescents ". Rossmoor Healthcare Forum. Myths, Realities and Options. Walnut Creek, CA. January 25, 2020.	Invited presentation
2021	"Recommendations on Diversity, Equity, and Inclusion in Health Services Research", AcademyHealth Annual Meeting, Washington, DC.	Invited Commentator
2023	Screening adolescents for Adverse Childhood Experiences (ACEs): Incorporating resilience and youth development	Invited Presentation
2024	Screening adolescents for Adverse Childhood Experiences (ACEs): Addressing the unique needs of immigrant youth ACES Aware Meeting, February 24, 2023	Invited Presentation
2024	Lessons Learned in Career Advancement of Historically Excluded Faculty, UCSF Mid-Career Faculty Development Program	Invited Presentation
2025	NASEM Webinar : Promising Strategies to Address Health Disparities Across the Reproductive Health Lifecycle ( <a href="https://www.nationalacademies.org/event/43065_07-2024_promising-strategies-to-address-health-disparities-across-the-reproductive-life-cycle-a-webinar">https://www.nationalacademies.org/event/43065_07-2024_promising-strategies-to-address-health-disparities-across-the-reproductive-life-cycle-a-webinar</a> ) A Policy Framework for Advancing Environment and Health Outcomes, UC Center for Climate, Health and Equity	Panel Presentation



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**GOVERNMENT AND OTHER PROFESSIONAL SERVICE**

1988 - 1991	Office of Technology Assessment Adolescent Health, U.S. Congress	Advisory Panel
1994 - 2000	Community Partnerships for Healthy Children Initiative, Sierra Health Foundation, Sacramento, California.	Evaluation
1995 - 2015	National Campaign to Prevent Teenage Pregnancy	Program Effectiveness Task Force, State and Local Leadership Task Force, Science into Policy National Advisory Latino Initiative
1995 - 2000	Community Coalition Partnership Programs for the Prevention of Adolescent Pregnancy, Centers for Disease Control and Prevention, Atlanta, Georgia	Consultant
1995 - 1997	Adolescent Pregnancy Prevention Initiative, The California Wellness Foundation.	Advisor
1995 - 2002	Adolescent Pregnancy Prevention Initiative, Johnson & Johnson Corporation and the National Organization for Adolescent Pregnancy and Parenting (NOAPP), Washington, DC	National Advisory Committee
1995 - 1995	Adolescent Health Work Group, Maternal and Child Health Bureau, U.S. Department of Health and Human Services.	Member
1996 - 1998	Steering Committee on Welfare Redesign, California Department of Social Services	Member
1996 - 2000	Adolescent Managed Care Advisory Committee Children Now, Oakland, California	Member
1996 - 2000	Georgia Campaign to Prevent Adolescent Pregnancy, Jane Fonda, Turner Foundation, Atlanta, Georgia	Consultant
1997 - 1997	Kaiser Kids Health Insurance Initiative, Kaiser Permanente Health Plan	Consultant
1997 - 1997	Year 2000 Community Initiative, David and Lucile Packard Foundation	Consultant
1998 - 1998	Community Partnerships to Reduce Teenage Pregnancies, The Flinn Foundation, Phoenix, Arizona	Consultant
1999 - 1999	Messengers and Methods for the New Millennium; A Round Table for Adolescents and Contraception. National Campaign to Prevent Teenage Pregnancy, and Advocates for Youth, Washington, DC	Member

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1999 - present	National Teenage Pregnancy Prevention Research Center, University of Minnesota and Centers for Disease Control and Prevention	National Advisory Board
1999 - present	California Adolescent Health Collaborative	Co-Director and Executive Steering Committee Member
1996 - 1997	Advocates for Youth, Washington, DC	Program/Policy Committee Chair, Executive Committee, and Chair, Board of Directors
1996 - 1999	Frontiers of Research on Children, Youth, and Families Committee, Institute of Medicine National Research Council, Washington, DC	Member
1997 - 1997	Open Society Foundation, New York, NY	Advisor
1997 - 2000	Development of Community Guidelines for Preventive Services, Centers for Disease Control and Prevention, Atlanta, GA	Advisory Committee
1997 - 2000	Preventing Teen Pregnancy: Sharing Lessons Learned" Project. Centers for Disease Control and Prevention, and University of South Carolina, School of Public Health	Expert Panel
1997 - 2001	Board on Children, Youth, and Families, National Research Council, Institute of Medicine, Washington, DC	Forum on Adolescence
1997 - 2002	Adolescent Pregnancy Prevention Replication Project, Kansas Health Foundation	Technical Review Advisory Committee
1997 - 1997	Partnership for Information and Communication. Maternal and Child Health Bureau, Washington, DC	Inter-Organizational Workgroup
1997 - 1999	National Health Promotion and Disease Prevention Objectives for the Year 2010, Centers for Disease Control and Prevention	Core Work Group for Developing and Implementing Adolescent Health Objectives
1998 - 1998	Pan American Health Organization (PAHO), Division of Health Promotion and Protection, Family Health and Population Program, Washington, DC. Policies for Adolescents and Young Adults of the Americas	Advisory Group
1998 - 1998	Development of a Family Health Initiative, Maternal and Child Health Bureau, Washington, DC	Advisory Committee
1998 - 2000	Health Initiatives for Youth, San Francisco	Member, Adolescent Health Working Group
1998 - 2004	Centro Mujeres, La Paz, Baja California Sur, Mexico	Advisory Board

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1998 - 2010	Addressing Barriers to Student Learning: Closing Gaps in School/Community Policy and Practice, Center for Mental Health in Schools, Department of Psychology, UCLA	Steering Group
1998 - 2001	Girl Neighborhood Power! Building Bright Futures for Success Initiative, Healthy Mothers, Healthy Babies Coalition, Washington, DC	Steering Committee
1999 - 1999	CDC Teen Pregnancy Prevention Consensus Panel on Replication, Atlanta, GA	Panel Member
1999 - 2002	Association of Maternal and Child Health Programs, Adolescent Data and Systems project (cooperative agreement with Centers for Disease Control and Prevention, Division of Adolescent and School Health)	Advisory Panel
1999 - 2002	Women's Health Report Card Project, National Women's Law Center, the Focus on the Health of Women Project of the University of Pennsylvania Medical Center, and the Lewin Group, Inc	National Advisory Board
2000 - 2001	Adolescent Report Card Project, Children Now, Oakland, California.	Member
2000 - 2002	Sexuality and Reproductive Health Expert Panel of the Health, Mental Health and Safety in Schools Guideline Project, American Academy of Pediatrics, funded by Maternal and Child Health Bureau, U.S. DHHS	Chair
2000 - 2002	Workgroup on Standardizing Adolescent Performance Measures, Association of Maternal and Child Health Programs, Washington, DC	Member
2001 - 2001	State Team, Joint Work Group on School-Based Teen Pregnancy Prevention, California Department of Education, California Department of Health Services, National School Boards Association, Washington, DC.	Team Member
2001 - 2001	Workgroup on Teen Pregnancy Prevention Programs, California Department of Health Services, Sacramento, California.	Member
2001 - 2001	Workgroup, Implementation of California's School Health Blueprint, California Department of Education and Department of Health, Sacramento, California.	Member

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2001 - 2002	Women's Health Panel, Bright Futures for Women's Health and Well-Being: National Guidelines Project, Maternal & Child Health Bureau, DHHS, Washington, DC	Steering Committee; Chair, Adolescent Health Committee
2001 - 2004	Policy Committee, California Chlamydia Action Coalition, sponsored by the California Department of Health Services, California HealthCare Foundation, and the University of California, San Francisco.	Member
2001 - present	National Expert Panel, 2003 Children's National Health Survey, National Center for Health Statistics, funded by Bureau of Maternal and Child Health	Member
2002 - 2002	National Advisory Board, Georgia Campaign to Prevent Teenage Pregnancy, Jane Fonda, Executive Director	Member
2003 - 2005	Delivery Improvement, Technical Expert Panel Meeting, U.S. Public Health Title X, Washington, DC	Member
2003 - 2005	International Planned Parenthood Federation- Latin America Development of Peer Provider Manual Project	Consultant
2005 - 2005	Johns Hopkins School of Public Health Maternal and Child Health Training Program	Advisory Committee
2005 - 2005	Grantmakers for Children, Youth & Families Maternal and Child Health Issues	Advisory Committee
2005 - 2005	Public Policy Institute, California	Advisory Committee
2005 - 2007	Contributions from the Behavioral & Social Sciences in Reducing and Preventing Teen Motor Crashes Institute of Medicine and the Division of Behavioral and Social Sciences and Education. The National Academies of Sciences, Washington DC.	Committee Member
2006 - 2006	CDC Adolescent Sexual and Reproductive Health Portfolio (ASRH)	Member, Expert Panel Review
2006 - 2006	Centers for Disease Control Health Promotion and Disease Prevention Research Centers: Reproductive Health and Review Panel, Atlanta, GA	Child & Adolescent Health Review Panel
2006 - 2010	NARAL, Pro-Choice America Foundation	Board of Directors, Chair, Program Committee
2007 - 2007	Federal Office of Population Affairs, Washington, DC	Technical Experts Advisory Committee

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2007 - 2009	Institute of Medicine (IOM) Committee: A Comprehensive Review of the DHHS Office of Family Planning Title X Program	Member
2008 - 2008	CARTA Study on Adolescent Sexual Health Disparities	Consultant
2008 - 2008	Advisory Council, San Francisco County Adolescent Health Working Group, San Francisco, CA.	Member
2009 - 2020	National Adolescent Health Objectives 2020, Centers for Disease Control and Bureau of Maternal and Child Health	Consultant
2009 - 2022	National Institute of Health (NIH)	Ad Hoc Challenge Grant Reviewer,
2009 - 2010	California Breast Cancer Research Program Priority Setting Process, Oakland, CA	Policy Evaluation Advisor
2009 - 2011	Institute of Medicine (IOM) Committee on Pediatric Health and Health Care Quality Measures	Member
2009 - 2020	National Institute of Child Health and Human Development (NICHD)	Scientific Reviewer
2009 - 2010	Tipping Point Community, San Francisco, CA	Evaluation Consultant
2010 - 2015	Reproductive Life Plan, Education, Access to Health care in College High Risk (REACH) Teens California Leadership Advisory Group	Advisory Group Member
2010 - 2010	AcademyHealth Abstract Review Committee	Member
2010 - 2011	Institute of Medicine (IOM) Committee on Preventive Services for Women	Member
2010 - 2010	Centers for Disease Control and Prevention (CDC) Division of Adolescent School Health (DASH), Expert Panel	Consultant
2011 - 2012	Guttmacher Institute	Board of Directors
2011 - 2011	Office of Population Affairs (OPA), Office of Family Planning (OFP), and the Centers for Disease Control and Prevention. Revision of the Title X Family Planning Program Guidelines, Adolescent Panel	Member
2011 - 2018	Public Health Institute	Board Member
2011 - 2012	Guttmacher Institute	Board Member
2012 - 2012	Department of Health and Human Services (HHS) and Health Research Services Administration (HRSA) Office of Women's Health Expert Panel on Curriculum Development in Women's Health	Expert Panel Member

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2012 - 2012	AcademyHealth Aetna-National Assembly on School-Based Health (NASBHC) Care Coordination	Advisory Committee Member
2012 - 2014	California Health Interview Survey (CHIS) Adolescent Technical Advisory Committee.	Chair
2013 - 2013	Department of Health and Human Services (HHS) and the Office of Adolescent Health (OAH) "Think Adolescent Health" agenda	Expert Panel Member
2013 - 2013	Department of Health and Human Services (HHS) and the Office of Adolescent Health (OAH) Technical Workgroup: Cost Study of Evidence-Based Teen Pregnancy Prevention (TPP) Programs.	Technical Working Group Member
2013 - 2013	National Academy of Medicine (NAM, formerly IOM) Workshop Panel	Member
2013 - 2014	Drexel University DrPH/Health Policy and Social Justice Advisory Committee	Committee Member
2013 - 2015	Patient Centered Outcomes Research Institute/PCORI Evaluation Group.	External Advisor
2013 - 2014	National Academies of Science (formerly IOM): Improving the Health, Safety and Well-being of Young Adults	Committee Member
2014 - present	National Academies of Science (formerly IOM) Interest Group: Health Policy and Health Care Systems	Committee Member
2015 - 2018	California Health Interview Survey (CHIS) Adolescent Technical Advisory Committee.	Chair
2015 - 2020	Centers for Disease Control and Prevention. Division of the National Health Interview Survey: The National Survey of Children's Health	Technical Expert Panel Member
2016 - 2018	Public Health Institute (PHI) Audit Committee	Chair
2016 - 2018	California Health Interview Survey (CHIS) Teen Technical Advisory Committee (TAC)	Chair
2016 - 2020	Urban Institute: Beyond Birth Control Project: Family Planning and Women's Lives Advisory Group	Consultant
2016 - 2018	National Academies of Sciences, Engineering, and Medicine's (the Academies) Committee on Improving Health Outcomes in Children with Disabilities	Member
2017 - 2022	AcademyHealth	Board Secretary; Chair, Governance Committee, Membership Committee

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2017 - 2018	John Hopkins Bloomberg School of Public Health: The Bloomberg American Health Initiative	National Advisory Board
2017 - 2018	California Health Interview Survey (CHIS) Adolescent Technical Advisory Committee.	Technical Advisory Committee
2018 - present	National Academy of Medicine, Committee on Science, Engineering and Medicine and Public Policy (COSEMPUP)	Committee Member
2018 - 2019	Urban Institute: Reproductive Health Care Access Group	Advisory Committee Member
2018 - 2019	National Academies of Sciences, Committee on Neurobiological and Socio-Behavioral Science of Adolescent Development and Its Applications	Committee Member
2018 - 2019	Campaign for Male Youth, The Partnership for Male Youth	Advisory Panel Committee
2018 - 2019	Adolescent Reproductive Health: Clinical Program Improvements Workgroup. Division of Reproductive Health, US Center for Disease Control and Prevention	Member
2019 - 2024	National Academy of Medicine, Diversity Committee	Member
2019 - present	Vanderbilt University Medical Center (VUMC)	Biomedical Science Advisory Board
2020 - 2021	CDC Developing and Evaluating Adolescent, Parent, and Provider Resources to Improve Adolescent Use of Sexual Health Services	Special Emphasis Panel Member

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2021 – 2024	California Health Interview Survey (CHIS) Teen Technical Advisory Committee	Chair, Member
2022	Office of the Assistant Secretary for Preparedness and Response (ASPR), At-Risk Individuals (ARI) Program, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), HHS Child and Adolescent Health Emergency Planning Toolkit: Guidance for Addressing the Needs of Children and Youth with Special Health Care Needs and their Peers	Subject Matter Expert
2022	Technical Expert Panel (TEP) to advise investigators conducting a systematic review on Respectful Maternity Care (RMC): Dissemination and Implementation of Perinatal Safety Culture to Improve Equitable Maternal Healthcare Delivery and Outcomes. University of Oregon.	Participant and Group Facilitator
2022	Planning committee for a research and data workshop: <i>Understanding the Full Impact of the Dobbs Decision</i> , AcademyHealth and The Commonwealth Fund.	Member
2022	NASEM: Identification and Prognosis of Low Birth Weight Babies and Disability Determinations	Report Review Monitor

## UNIVERSITY AND PUBLIC SERVICE

### SERVICE ACTIVITIES SUMMARY

In my interface between research and public policy, I am often called upon to help a variety of community groups, city, and county governments, as well as the federal government in helping to translate research findings for purposes of planning and development of new projects. For example, I have been called as an expert in program development for a number of states including California, Washington, Hawaii, South Carolina, New Mexico, Ohio, and Georgia in the areas of adolescent health policy, pregnancy prevention, and pregnancy treatment programs. With my methodological expertise in program evaluation, I have also provided brief consultation on how to best capture data and document both the short, as well as longer term outcomes, of their program efforts. A fulfilling experience was being invited by the State of California Governor's Office and Department of Health, beginning in the 1990s, to help develop a Teenage Pregnancy Prevention Initiative, based upon evidence and best practices. It was through these efforts that California implemented a wide portfolio of different community, media, and policy interventions that has contributed to our state's lead in decreasing the incidence of adolescent pregnancy throughout our country and across diverse ethnic and racial groups. Many of the programs that I recommended, based upon the existing evidence, continued to operate in communities throughout the state, funded by both federal and state funds, until the first decade of the 21st century. However, when the political climate turned, many of these programs were eliminated and I researched the impact of these closures on adolescents' access to reproductive



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health information and services. This data was important for stakeholders concerned with programmatic closures and have been used to seek additional funding to re-start those programs. In another area, we also provided expertise to the state as they developed programs throughout the state aimed at helping women who are pregnant or parenting and who are chemically dependent.

On the national level, I served on the Patient Centered Outcomes Research Institute's (PCORI) Evaluation Group (PEG) Task Force, as part of PCORI's Research Integration and Evaluation team. The PEG is reviewing the impacts and effectiveness of PCORI. On a personal note, I was gratified to serve on several NAM (previously name the IOM) Report Committees; the most influential was the Committee on Preventive Health Services for Women, which developed recommendations for preventive services for women without co-payments as part of health care reform. All eight of our recommendations were accepted by the Obama Administration and were embedded in the Accountable Care Act. This resulted in over 150 million women receiving contraceptive coverage without co-payments since the recommendations were implemented.

I have also sought opportunities to more widely disseminate research information in formats that assist communities in being able to use research and program evaluation to help shape programs and policy. For example, in co-leading a research project pertaining to Latina childbearing, we were commissioned to develop a film aimed at state policy makers. Recognizing that the film would be useful for other groups, I sought to focus on its wide dissemination, not only in California, but nationally where the issue has become a pressing one for many communities that have not had the same history of programmatic efforts in this arena. I also sought to assure that the film would be available in Spanish, thus creating a resource for communities both in the US and in the Spanish speaking world. The film and a variety of educational materials are now available on our website for downloading, along with community guides providing suggestions for how to use the film in community settings.

In other arenas, I have been called upon to provide expert testimony both in Congress and in Sacramento as policy makers seek to identify viable models for improving the health of children and adolescents. I have also provided congressional staff briefings on topics that range from health care reform and the federal and state Children's Health Insurance Program, to violence prevention to adolescent pregnancy prevention. Long after the briefing is over, I continue to work with the policy staff to provide support as they attempt to incorporate evidence-based research into their policy decision-making. For example, I served on the Advisory Council for efforts sponsored by City and County of San Francisco Health Department focused on Increasing Patient-Centered Care for Young Women. I also served on the Steering Committee on a joint SF City and County Health Department and UCSF partnership (led at UCSF by Dr. Anda Kuo) to improve the coordination of health and well-being services for children and adolescents living in our county.

On our own campus, I balanced my responsibilities as the Philip R. Lee Institute for Health Policy Studies' (IHPS) previous Director, along with concurrent efforts to integrate the message of the importance of health services, population health, and health policy in a variety of campus initiatives, including Precision Medicine, the Bakar Computational Health Sciences Institute, (serving on the Executive Committee), the Health/Clinical Informatics Committee, and the Mid-Career Recruitment Committee. In addition, I represented IHPS on the Long-Range Development Planning Committee (LRDP), serving as a Liaison to its Community Advisory Group, as well as on the Bridge Funding Committee for 8 years. I also served on the School of Medicine (SOM) Campus Space Planning Committee and on the campus' Diversity Council, as well as the Limited Submission Review Committee. I have previously chaired or served on

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several Chair/Dean recruitment committees, including Epidemiology and Biostatistics and the Dean of the School of Nursing, the School of Pharmacy, Department of Clinical Pharmacy and also, the Center for Pharmacoepidemiology, the Director of the Center for as well as Chairing or serving as a member of several university Stewardship Review Committees.

Even more “up- stream” has been my effort to serve (for the past 15 years) as a year-long mentor to individuals in under-represented groups as part of the Office of Outreach & Academic Advancement Post Baccalaureate program. In addition, I have been actively involved in mentoring and engaging a number of junior faculty on our campus, as well as being actively engaged in recruiting faculty “of color” to our campus. In these and other cases, I look beyond our campuses’ walls to consider how I can support these diverse faculty members as they transition to UCSF.

On a national level and post the 2022 Supreme Court decision to eliminate Roe v. Wade, I was asked by the Presidents of the National Academies of Science, Engineering, and Medicine (NASEM) to serve as Chair a Standing Committee entitled, Reproductive Health, Equity and Society (<https://www.nationalacademies.org/our-work/standing-committee-on-reproductive-health-equity-and-society>). This multi-disciplinary committee (2022-2024) evaluated the health, social, and economic implications of access to reproductive health care in the United States and globally in order to inform related program and activity development at NASEM. Our committee worked to implement a variety of papers, webinars, and Webpage that has served as a national resource to professionals, policy makers, and communities. Since 2023, I have also served as a member of the National Academy of Medicine Action Collaborative on Achieving a Climate Resilient and Sustainable Health Sector, a program of the NAM Climate Grand Challenge, focusing on improving metrics to document improvements and changes within health care systems.

## UNIVERSITY SERVICE

### UC SYSTEM AND MULTI-CAMPUS SERVICE

1996 - 2025	Maternal and Child Health Training Program, School of Public Health, UCB	Advisory Board
2007 - 2009	UC Santa Cruz-Silicon Valley Management School	Advisory Board
2000 - 2020	California Program on Access to Care, California Policy Research Center, University of California, Office of the President	Board Member
2005 - 2006	Inter-Campus Research Program on Children and Adolescent Health / UC Consortium on Children, Family and Community	Steering Committee
2006 - 2008	UC Mexus for the Social Sciences, Humanities & the Arts	Faculty Grants Review Committee
2007 - present	UCSF Global Health Sciences, UC Davis, UCB, UC San Diego, and UCLA	Steering Committee
2007 - present	UC Santa Cruz-Silicon Valley Management School	Advisory Board

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2009 - present	UCB and UC Davis, Migration and Health Research Center (MAHRC)	Advisory Board Member
2009 - 2009	Health Services and Policy Analysis (HSPA), Division of Health Policy and Management, School of Public Health, University of California, Berkeley,	Affiliate Faculty Member
2010 - 2010	Review of Research Portfolio University of California, Office of the President	Expert Reviewer
2011 - 2017	Core Curriculum Committee for Multi-Campus University of California Global Health Initiative (UCGHI) MS in Global Health Program	Member
2012 - 2012	UC Berkeley's Center for Weight and Health California's Community Transformation Initiative (CACTI)	Advisory Board Member
2012 - 2014	California Health Interview Survey (CHIS) Adolescent Technical Advisory Committee	Chair
2014 - 2017	Maternal and Child Health, Measurement Research Network (MCH-MRN)	Co-Chair and Advisory Board Member
2015 - 2017	UC-Mexico Initiative Health Initiative of the Americas, Health Working Group (HWG)	Co-Chair and Member
2016 - 2020	The California Program on Access to Care (CPAC)	Chair and Member
2018 - 2022	UCLA Fielding School of Public Health, Research on ImmiGrant Health and State policy (RIGHTS)	Technical Advisory Committee Member
2018 - 2025	UC Berkeley's Center for Excellence (CoE) in Maternal and Child Health	Advisory Board Member
2020 – 2020	UC Riverside, Director of UC Mexico Programs	Search Advisory Committee
2024	UCLA Center for Health Policy – 30 <sup>th</sup> Anniversary	Event Host Committee

**UCSF CAMPUSWIDE**

1996 - 1999	Social and Behavioral Training in AIDS/HIV Research, Predoctoral training program, funded by University wide AIDS Research Program, sponsored by Department of Social and Behavioral Sciences, Center for AIDS Prevention Studies, and School of Nursing International Center for HIV/AIDS Research and Clinical Training Program	Advisor
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1999 - 2001	Community-Based Research and Fellowship Program, Center for Health and Community	Advisory Board Member
2004 - 2004	Vice Chancellor's Community Partnership Task Force	Member
2004 - 2009	Chancellor's Council	Member
2004 - 2004	Stewardship Review, Institute for Health and Aging	Committee Member
2004 - 2006	Global Health Sciences, Research Subcommittee, Executive Committee, and Training Subcommittee	Member
2005 - 2006	Global Health Sciences Strategic Plan Working Group	Member
2006 - 2006	Program on Reproductive Health and the Environment (PRHE), Department of Obstetrics, Gynecology, and Reproductive Sciences	Advisory Committee
2006 - 2006	Center for Health and Community	Steering Committee
2006 - present	Program on Reproductive Health and the Environment (PRHE), Department of Obstetrics, Gynecology, and Reproductive Sciences	Advisory Committee,
2006 - 2009	Chancellor's Award for the Advancement of Women	Committee Chair
2007 - 2007	California Medicaid Research Institute (CaMRI), UCSF	Associate Director, Member, Steering Committee
2008 - 2008	Clinical and Translational Research Institute	Epidemiology Review Committee
2008 - 2009	Cardiovascular Research Institute	Member, Stewardship Review
2008 - 2010	UCSF Global Health Sciences Cuba Research Program in Health Diplomacy and Medical Education	Reviewer
2008 - 2011	Chancellor's Advisory Committee on the Status of Women (CACSW)	Member
2008 - present	UCSF SOM Post Baccalaureate Program	Faculty Advisor
2008 - 2012	Resource Allocation Program (RAP) Clinical and Translational Science Institute (CTSI)	Multidisciplinary Review Committee
2009 - 2009	Department of Epidemiology and Biostatistics	Faculty Search Committee
2009 - 2022	First Generation Program	Faculty Advisor
2010 - 2010	Stewardship Review, Institute on Health and Aging (Dr. Wendy Max)	Chair
2010 - 2010	Graduate Group, UCSF Global Health Sciences	Member

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2010 - 2013	Health Policy and Social Sciences Review Committee, Resource Allocation Program (RAP); Clinical and Translational Science Institute (CTSI)	Member, Health Policy and Social Sciences Review Committee
2010 - 2012	UCSF Coordination Committee-the San Francisco Bay Health Improvement Program (SF Bay HIP)	Member
2010 - 2012	Chancellor's Long Range Development Plan Oversight Committee	Member
2011 - 2012	School of Medicine Leadership Retreat Planning Committee	Member
2011 - 2012	Search Committee for the position of Vice Dean, Academic Affairs and Faculty Development	Member
2011 - 2012	Chancellor's Martin Luther King Jr. Award Committee	Member
2011 - 2013	Limited Submissions Program (LSP)	Member, Steering Committee
2011 - 2014	Faculty Oversight Committee on Operational Excellence Initiatives	Member
2012 - present	Institute of Computational Health Sciences Executive Committee (ICHES)	Member
2013 - 2013	Search Committee for the position of Director of the Center for Health Professions	Member
2013 - 2013	International Research Advisory Council (IRAC)	Member
2013 - 2014	Search Committee for Executive Director, UCSF Center for Healthcare Value (CHV)	Member
2013 - present	Steering Committee, Precision Medicine	Member
2013 - 2018	Council on Campus Climate, Culture, and Inclusion (4CI)	Member
2014 - present	Search Committee, Dean, School of Medicine	Member
2014 - present	Graduate Group for the Doctoral Program, UCSF Institute for Global Health Science	Member
2014 - 2015	Knowledge Transfer Working Group, under the Benioff/Gates Pre-Term Birth Initiative	Co-Chair
2014 - 2020	UCSF Center for Vulnerable Populations	Member, Steering Committee
2015 - 2020	Multi-campus Research Programs and Initiatives: Sugar, Stress, Environments, and Weight Center (MRPI SSEW)	Member, Scientific Advisory Committee
2015 - 2020	Programming Committee for the Mission Bay East Campus Phase 1 Building	Member

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2016 - 2016	Academic Senate's Committee on Academic Personnel (CAP) Stewardship Review Committee (SRC) (RE: Dr. Nancy E. Adler)	Review Committee Member
2017 - 2017	UCSF Faculty Mentoring Program Lifetime Achievement in Mentoring Award Selection Committee	Member
2017 - 2017	Search Committee for Chief of Cardiology, San Francisco VA Medical Center	Member
2019 – 2022	Mentorship and Sponsorship Task Force	Member
2024-2025	UCSF Latinx Center of Excellence and the California Health Care Foundation, Development of a Hispanic Health Chartbook	Advisory Board Member

**SCHOOL OF MEDICINE**

1996 - 2020	Institute for Health Policy Studies	Executive Advisory Committee
1998 - 1998	Faculty Review Committee, Institute for Health Policy Studies	Member
2000 - 2000	Ad Hoc Faculty Promotion Review Committee	Member
2000 - 2000	Ad Hoc Steering Committee for Integrated Clinical Studies	Member
2000 - 2000	Ad Hoc Search Committee	Member
2003 - 2005	Strategic Planning Committee, Institute for Health Policy Studies	Chair
2005 - 2007	Admissions Committee, School of Medicine	Member
2008 - 2008	Department of Obstetrics, Gynecology, and Reproductive Health Sciences	Faculty Search Committee
2008 - present	School of Medicine Post Baccalaureate Program	Faculty Advisor
2009 - 2009	Search Committee for the Division Chief, Department of Obstetrics, Gynecology and Reproductive Sciences at San Francisco General Hospital.	Member
2009 - 2009	Space Committee, School of Medicine	Member
2010 - 2010	Search Committee, Department of Epidemiology & Biostatistics	Member
2010 - 2010	Search Committee, Director of Health and Society Pathway	Member

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2010 - 2010	Dean's Faculty Oversight Committee	Research Administration Liaison
2010 - 2010	Search Committee, Faculty joint position in Health and Breast Cancer Risk Assessment; Department of Surgery, and Philip R. Lee Institute for Health Policy Studies.	Member
2011 - 2011	Compensation Plan Project Steering Committee, School of Medicine	Member
2011 - 2011	School of Medicine Leadership Retreat Planning Committee	Member
2011 - 2019	Bridge Funding Committee, School of Medicine	Member
2013 - 2019	Internal Advisory Committee, Multidisciplinary Clinical Research Center (MCRC)	Member
2013 - present	Executive Committee, Institute for Computational Health Sciences (ICHS)	Member
2013 - 2020	Internal Advisory Committee, Multidisciplinary Clinical Research Center (MCRC)	Member
2015 - 2020	Building 33 Space Planning, Steering Committee	Member
2016 - 2017	Search Committee for New Chair, Department of Epidemiology and Biostatistics	Chair and Member
2018 - 2020	SOM Population Health and Health Equity Leadership Group	Member
2019 - 2020	SOM Dean's Strategic Plan Project: Clinical, Translational and Population Health Implementation Action Group (CTPH)	Member
2020 - 2020	Holly Smith Award Selection Committee	Member



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2020 – 2021	Chairs and Directors Council on Diversity (CD2), Department Accountability Subcommittee	Member
2021 – present	Dr. Martin Luther King Jr. Faculty Leadership Award Selection Committee	Member
2021 – present	Center for Climate Change, Health, and Equity	Senior Advisor
2023-2024	Search Committee, Vice-Chancellor of Translational Research and Director, Clinical and Translational Science Institute (CTSI)	Chair
2024- present	Search Committee, UCSF National Clinician Scholars Program (NCSP)	Committee Member
2023-present	Strategic Advisory Group, Clinical and Translational Science Institute (CTSI)	Chair

**SCHOOL OF PHARMACY**

2023-2024	Search Committee for Chair, Department of Clinical Pharmacy	Chair
2025	Search Committee, Chair, Center for Pharmacoepidemiology	Chair

**SCHOOL OF NURSING**

2004 - 2004	Search Committee, Department of Family and Community Nursing	Ad Hoc Chair
2007 - 2007	Health Disparities Tenure Track Search Committee, School of Nursing	Member
2009 - 2010	Dean's Search Committee School of Nursing	Member

**DEPARTMENTAL of PEDIATRICS**

1996 - 1997	Second Year Medical School Training, Integrated Curriculum, Task Force Department of Pediatrics	
1996 - 2000	Division of Adolescent Medicine.	Executive Committee
1996 - 2001	Pediatric Clinical Research Center.	Advisory Committee
2000 - 2000	Fellowship Review, Department of Pediatrics	Committee Member
2001 - 2005	Health Services/Health Policy, Strategic Planning Group, Department of Pediatrics	Strategic Planning Group



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2008 - 2010	Faculty Search Committee, Chair of Pediatrics, Department of Pediatrics	Committee Member
2015 - 2016	Chief Nutritionist Search Committee, Clinical and Research Program, Chair of Pediatrics, Department of Obstetrics, Gynecology, and Reproductive Health Sciences	Committee Member
2017 – 2018	Director Search Committee Chair, Bixby Center for Global Reproductive Health	Committee Member
2021 - 2023	Department of Pediatrics, Junior Research Faculty Review Committee for Clinical-Translational-Population Sciences Researchers	Co-Chair

**COMMUNITY AND PUBLIC SERVICE**

1995 - 1997	Adolescent Pregnancy Prevention Initiative, The California Wellness Foundation.	Advisor
1996 - 1998	Welfare Redesign, California Department of Social Services.	Steering Committee
1996 - 2000	Adolescent Managed Care, Children Now, Oakland, California.	Advisory Committee Member
1999 - 2020	California Adolescent Health Collaborative	Co-Director and Executive Steering Committee Member
2000 - 2001	Children Now, Oakland, California	Adolescent Report Card Project
2001 - 2001	State Team, Joint Work Group on School-Based Teen Pregnancy Prevention, California Department of Education, California Department of Health Services, National School Boards Association, Washington, DC.	Team Member
2001 - 2004	California Chlamydia Action Coalition, sponsored by the California Department of Health Services, California HealthCare Foundation, and the University of California, San Francisco.	Policy Committee
2001 - 2001	Teen Pregnancy Prevention Programs, California Department of Health Services, Sacramento, California	Workgroup Member
2001 - 2001	Implementation of California's School Health Blueprint, California Department of Education and Department of Health, Sacramento, California	Workgroup Member

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2002 - 2002	Georgia Campaign to Prevent Teenage Pregnancy, Jane Fonda, Executive Director	National Advisory Board
2008 - 2008	San Francisco County Adolescent Health Working Group, San Francisco, CA.	Advisory Council
2009 - 2010	California Breast Cancer Research Program Priority Setting Process, Oakland, CA	Policy Evaluation Advisor
2009 - 2012	Tipping Point Community, San Francisco, CA	Evaluation Consultant
2013 - 2020	Healthy People 2020 Adolescent Workgroup, Washington DC	Workgroup Member
2014 - 2015	Too Small to Fail, Menlo Park, CA. Moderated by Hillary Clinton, 22 Adolescent Health experts invited to a roundtable discussion of the Clinton Foundation initiative on their efforts to improve the health and well-being of children ages zero to five. Ongoing involvement.	Panel Participant
2014 - 2018	Internal Reproductive Integrative Skin (IRIS), Increasing Patient-Centered Care for Young Women, City and County of San Francisco	Member, Advisory Council
2015 - 2019	Advisory Board, WestEd Justice & Prevention Research Center, Teen Pregnancy Prevention Program within the Oregon Youth Authority	Member

## CONTRIBUTIONS TO DIVERSITY

### CONTRIBUTIONS TO DIVERSITY

As a Spanish-speaking immigrant to the U.S. in the late 1950s, my professional research and public service activities focused on social disparities and equity have been shaped by the bullying and marginalization that I experienced initially as a non-English speaker. My public health training (Master's and Doctoral Degree) also provided me with an opportunity to understand from a theoretical perspective how structural factors, policies, and social inequalities shape the health of the public, specifically, access to health care services, education, and other economic platforms aimed at improving health and well-being.

Much of my research has focused upon the reproductive health needs of low-income women and men, as well as adolescents. For nearly 20 years, I led a team evaluating the Family PACT program, which cares for individuals up to 200% of poverty, with over two-thirds of the clients being of Latinx heritage. Our comprehensive evaluation led to quality improvement, as well as policies related to reimbursing clinics who served undocumented individuals, in spite of the Federal position not to reimburse for such services. Other health topics in which I have conducted diversity-relevant research, include: teenage pregnancy prevention program evaluation, pre-term birth initiatives, substance abuse treatment services, immigrant health, in particular, the impact of migration on the health of immigrants, the physical and mental health needs of Dreamers (Deferred Action for Childhood Arrivals), and the effectiveness of community-based clinics, school-based health centers, and community-based organizations focused on reducing asthma and increasing health care access. I have also conducted research studies

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related to the needs of diverse adolescents and young adults' access to health insurance and health care access, with a strong emphasis on analyzing the data to further understand variations in patterns among ethnic and racially diverse young people. Most recently, my focus has turned to issues of social determinants of health and their impact upon health care access and utilization among marginalized populations.

I have also promoted diversity and equality opportunity through my service activities as a campus leader. I served as Chair of the Chancellor's Committee on the Advancement of Women from 2007 to 2009. During my tenure, I led efforts to conduct retreats for junior faculty pertaining to the "soft issues" inherent in career advancement. I have been delighted to see how many of the ideas during those events have been incorporated into the Faculty Development Day. As a result of some of these activities, I was gratified to be awarded the Chancellor's Award for the Advancement of Women in 2009. I have also served on the Irene Perstein Award Committee, aimed at supporting junior faculty, many who represent diverse backgrounds, at crucial moments in their career. Previously, I have also served on the Steering Committee of the UCSF Center for Vulnerable Populations.

I previously served as a member of the Council on Campus Climate, Culture, and Inclusion (4CI), chaired by Vice Chancellor of Diversity and Outreach, Dr. Renee Navarro (please see sections on research, teaching and service for additional examples of my commitment to diversity). Finally, I was asked to serve as the Co-Chair of a Committee on Pre-Natal Health as part of a major UC Office of the President-Mexico Binational Initiative, led by President Janet Napolitano and the Mexican Secretary of Health. The other two committee worked on topics related to Violence and Diabetes. I was honored to share my responsibilities with the Director of Mexico's NIH Perinatal Health. A number of bi-national research exchanges were established as a result of this endeavor, as well as a funded research projects that compares the birthing experiences of Mexican adolescents in Mexico and California.

Most recently, I led a team that collaborated with Hispanics in Philanthropy completing a new report entitled, *Taking A Pulse: Latinx Health Equity in California—Facing Disparities and Building for the Future for Hispanics in Philanthropy*. A special symposium highlighting the results was held as a means of engaging potential federal and state private and public funders to support new projects aimed at ameliorating racial/ethnic disparities in health among the Latinx population. This is in alignment with my engagement as one of the national advisors on Dr. Alicia Fernandez's federally-funded UCSF Latinx Center of Excellence. At UCSF and nationally, I play a role in shaping the types of experiences of future diverse leaders and scholars receive, including serving as PI of the NIH-Building Interdisciplinary Careers in Women's Health (BIRCWH) and the UCSF/Genentech Mid-Career Development Program Advisory Committee, as well as serving as the evaluator of the ARCHES Program (Advancing the Career of Historically Excluded Scholars). I serve on UCSF's National Clinician Scholars Program Leadership Council and Chair of the Strategic Advisory Group for the UCSF-CTSI Initiative, serving as the evaluator of CTSI's impact evaluation.

## **TEACHING AND MENTORING**

### **TEACHING SUMMARY**

My primary teaching activities at UCSF focus on formal teaching within Pediatrics 180.01D, the core seminar for adolescent medicine. The program is the longest continually funded national training program in Adolescent Medicine (since 1977) and is one of seven federally funded interdisciplinary training programs in Adolescent Medicine. I also guest lecture in other courses offered in the Schools of Medicine, Pharmacy, and Nursing at UCSF and the UC Berkeley,

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School of Public Health, as well as advising post-doctoral, doctoral, and master's degree students within the School of Medicine and School of Nursing. Most recently, I have become an affiliated member of the Institute for Global Health Sciences, where I have chaired the Doctoral Committee for 6 of their Doctoral students, as well as serving on three Thesis Defense Committees. In addition, for 17 years, I was the Director and primary faculty member of the William and Flora Hewlett Foundation Postdoctoral fellowship in Reproductive Health policy and Program Evaluation for Latin American scholars. Under my guidance, the program successfully graduated more than 30 fellows from Mexico, Peru, Venezuela, Columbia, Nicaragua, El Salvador, Guatemala, and Brazil, many of whom are involved in senior academic and government positions with high levels of influence in their respective countries. I also conduct seminars in research methodology, program evaluation, reproductive health, and adolescent health in several training programs. As an example of other types of professional teaching, I have conducted several health policy lectures that have been taped for the UCTV website, and downloaded throughout the state, nationally, and internationally, along with webinars shown nationally through the federal Maternal and Child Health Bureau.

I have also worked across 10 UC campuses in the development of a UC system-wide Global Health Institute. We successfully competed and were awarded planning and implementation grants for two of the 3 initially selected areas: Immigrant and Transborder Health and Women's Health and Empowerment. Previously, I also served as an evaluation consultant on the UCSF-MUHAS Tanzania Twinning project funded by the Gates Foundation. This program focused on the curriculum reform of the 5 school MUHAS campus: Medicine, Pharmacy, Nursing, Dentistry and Public Health. I have also developed a number of teaching aids that are being used both at UCSF and in a number of campuses across the country, for example, a long-distance learning course on adolescent health, a Resource Curriculum on Adolescent Health for Schools of Public Health, in collaboration with the Association of Schools of Public Health, as well as power point presentations on Latino Adolescent Reproductive Health, Young Adult Health, and the impact of the Affordable Care Act (ACA). Most recently, I led and/or served as the moderator of 4 national webinars on the subject of adolescent health and disparities, and the ACA and adolescents and young adults, all of which have been widely disseminated. In addition, I either taught or moderated three sessions in a 6 part Mini-Medical School series on health policy, which is available through UCTV (<http://www.uctv.tv>). Along with other health policy lectures sponsored by the Institute (mentioned above), these have been downloaded by over 3 million viewers.

During my tenure as Director of the Philip R. Lee Institute for Health Policy Studies (IHPS), the emergence of a dynamic relationship between UCSF and UC Hastings (now known as UC School of Law) provided the opportunity to establish an innovative master's program that focuses squarely on health policy and law. In 2009, the UCSF-UC Hastings Consortium on Law, Science, and Health Policy was initiated to develop and support interdisciplinary collaboration on subjects at the intersections of these fields through education, research, and clinical training and service. The Consortium established programs in all three areas and has also spearheaded the development of a formal affiliation agreement between the universities, which supported the launching of the MS in Health Policy and the Law (HPL). This exciting endeavor, led by Drs. Daniel Dohan (Professor, DAHSM and IHPS Associate Director for Training and Development) and David Faigman (UC Hastings College of Law, now Dean) was launched in Fall 2016. It is a one-year or two year-part time program designed to prepare students to be effective researchers and leaders in a dynamic new landscape, whether in health policy research or in health law. The MS HPL targets individuals with backgrounds in the clinical sciences, health sciences, public health, public policy, or law.

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To kick-start planning and implementation of this effort, we developed a proposal and were awarded the campus' second Chancellor's Education Innovation Award by the Executive Vice Chancellor and Provost's (EVCP) Office, representing a \$400,000 loan to support the development of the new MS HPL. Our collaborative partner, Dr. Catherine Lucey, Vice Dean for Education in the SOM, has been instrumental in the degree's development. We were also fortunate to have the support of campus leadership (including Graduate Division Dean Elizabeth Watkins, former Librarian Karen Butter, former Vice Chancellor Joe Castro, School of Nursing Professor Mary Louise Fleming), and other expert faculty at UCSF and UC Hastings. The MS HPL represents a major commitment and is part of a larger coordinated effort by the Chancellor/EVCP and SOM, to establish a campus-wide, on-line program (vendor-supported) and WASC-approved degree. The MS HPL is being conferred by UCSF and UC Hastings, jointly taught, and originally administered by PRL-IHPS (now, under the auspices of UC School of Law). During my tenure as IHPS Director, we graduated two cohorts of students. I previously participated in the development of course material on program evaluation and was invited to become affiliated faculty member of UC Hastings School of Law. In addition, I serve as the Co-Investigator of the NIH-funded Building Interdisciplinary Research Careers in Women's Health (BIRCWH), which supports 3 fellows per year to conduct basic, translational, and policy research in women's health. The program the country's longest serving program in the U.S. and celebrated its 20th anniversary in 2020.

Most recently, I was gratified to lead efforts for a new AHRQ T-32 in collaboration with UC Berkeley, which supports doctoral degree program students in public health, and two post-doctoral fellows at IHPS. Finally, IHPS serves as one of the National Clinical Scholars sites (8 in total), bringing together the School of Medicine and School of Nursing. IHPS is the home for this new endeavor that builds upon the previously successful RWJ Clinical Scholars program and I serve on its Leadership Council.

#### **FORMAL TEACHING AT UCSF (2004-2020)**

	Academic Yr	Course No. & Title	Teaching Contribution	School	Class Size
	2004 - 2004	Adolescent Pregnancy: A Current Profile and Dilemma for Clinicians and Other Decision makers," Clinical Conference of Child and Adolescent Psychiatry, Langlely Porter, Psychiatric Institute	Guest Lecturer		150
	2006 - 2006	"The Use of Focus Group Research Methodology in Health Services Research," Health Policy Post-Doctoral Program, UCSF	Lecturer		30
	2006 - 2006	"Conducting Effective Community Needs Assessments for Adolescent Health," Program in Maternal and Child Health, School of Public Health, UCB	Guest Lecturer		25

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	Academic Yr	Course No. & Title	Teaching Contribution	School	Class Size
	2006 - 2006	"Evaluation Methods Applied to School-Based Health Clinics," School of Nursing	Guest Lecturer		20
	2007 - 2007	Latino Adolescent Pregnancy Prevention. 2nd Year Medical School Elective	Guest Lecturer		30
	2008 - 2008	Parental Notification: What can be learned from the experience of other states? Grand Rounds, Department of Obstetrics, Gynecology, and Reproductive Health Sciences	Guest Lecturer		70
	2008 - 2008	Translating Research in Policy: Lessons Learned. Institute for Health Policy Studies, Post-Doctoral Fellowship.	Guest Lecturer		20
	2008 - 2008	Pediatrics Core Seminar 180.01D	Lectures and responsible for Health Policy Core		15 - 20
	2008 - 2009	Adolescent Sexual Health in the Latina population, Latina Issues Elective, UCSF School of Medicine.	Guest Lecturer		40 - 60
	2009 - 2009	Health Care Reform (Part of a Mini-Medical School series)	Guest Lecturer		60
	2010 - 2017	Pediatrics Core Seminar 180.01D	Guest Lecturer		25
	2013 - 2013	Taking the Pulse: Improving the Health, Safety and Well-Being of Young Adults. UCSF Center for Vulnerable Populations Seminar Series	Guest Lecturer		20
	2013 - 2013	Adolescent and Young Adult Health: Implications for Public Health, Mental Health Policy, and Clinical Services. UCSF Department of Psychiatry; Psychiatry, Child and Adolescent Psychiatry (CAP) Grand Rounds	Guest Lecturer		20
	2013 - 2013	Building Interdisciplinary Research Careers in Women's Health (BIRCWH)	Guest Lecturer		20



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	Academic Yr	Course No. & Title	Teaching Contribution	School	Class Size
	2013 - 2013	Health Care Reform (Part of a Mini-Medical School series)	Guest Lecturer/Panelist		80
	2013 - 2013	Report Back from Institute of Medicine Meeting: Improving the Health, Safety and Wellbeing of Young Adults. UCSF Center for Vulnerable Populations Seminar Series (also available as video at CHARM Website) Sept. 9, 2013	Guest Lecturer		50
	2014 - 2014	How Will We Know it is Working: Monitoring the Impact of the ACA in Years to Come. UCSF IHPS-Osher Mini Medical School on Health Reform	Panel Member		80

### MENTORING SUMMARY

As a Latina faculty member, I am particularly sought by Latinx students who are interested in my serving as a content and career mentor. I am the primary mentor for four to six fellows (Pediatrics, Adolescent and Young Adult Health, and Obstetrics/Gynecology and Reproductive Health Sciences, Institute for Global Health) each year, and I often meet with other postdoctoral fellows, graduate students, junior and senior faculty to discuss research designs, program development, grant development, and career development. I have been gratified to receive uniformly glowing comments from these interactions. I have also had an outstanding record in mentoring my large staff of researchers and helping them along in their career development, as well as the junior and senior faculty of IHPS.

As one of a relatively small number of Latina women in leadership on our campus, I have defined the area of mentoring of diverse trainees to be an important priority and responsibility, not only for the Institute, but also for the campus in general. As an immigrant, I have a particular sensitivity to the promotion of diversity and enhancing the opportunities of our faculty, trainees, and staff. I am a proud participant in our campus' First-Generation Initiative (First to go to college-FG2C), formally and informally mentoring a number of medical, nursing, pharmacy, and dentistry students.

I also recognize that at this point in my career, I am promoting other faculty and research staff to provide lectures that I have been invited to provide for decades. This is part of the teaching-mentoring and transition focus as IHPS Director and as Distinguished Professor of Pediatrics and Health Policy (Recall).

In recognition of my role as mentor across UC campuses, I was invited to also join the faculty at the UCLA School of Public Health, Center for Health Policy. I was gratified to receive the UCSF Campus Mentoring Lifetime Achievement in Mentoring Award in 2016, as well as honored in 2018 as one of the UC Berkeley School of Public Health's Most Influential Alumni (as part of their celebration of the School's 75th Anniversary) (among other honors).

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**PREDOCTORAL STUDENTS SUPERVISED OR MENTORED**

Dates	Name	Program or School	Role	Current Position
1990 - 1991	Marilyn Price	MSW, UCB	Research Advisor	
1990 - 1991	Margaret Martin	MPH, UCB	Research Advisor	
1990 - 1991	Chris Betzold	Master's in Nursing, UCSF	Research Advisor	
1990 - 1991	Sean Casey	MPH, UCB	Research Advisor	Research Associate, Alameda County Health Department
1990 - 1991	Myrna Epstein	MPH, UCB	Research Advisor	
1990 - 1991	Cate Teuten	MPH, UCB	Research Advisor	
1990 - 1991	Amy Wolfe	MPH, UCB and Nurse Practitioner, UCSF School of Nursing	Research Advisor	Nurse Practitioner, San Francisco County Health Department
1990 - 1991	Lee Smith	PhD, School of Nursing, UCSF	Research Advisor	
1990 - 1991	Christina Mellin	MPH, UCB	Research Advisor	
1990 - 1991	Pec Inman	PhD, School of Educational Psychology, U San Francisco	Research Advisor, Career Mentor	Assistant Professor, San Jose State University
1990 - 1991	Patricia Blasé	PhD, School of Nursing, UCSF	Research Advisor	
1990 - 1992	Georgiana Coray	PhD, School of Nursing, UCSF	Research Advisor	Nurse Director, San Diego (Deceased, 2010)
1990 - 1991	Wendy Jameson	MPH, UCB	Research Advisor	
1991 - 1992	Faith Wolfson	MSW, UCB	Research Advisor	
1991 - 1992	Lynn Wittenberg	MPH, UCB	Research Advisor	Research Associate
1991 - 1992	Meg Royce	MPH, UCB	Research Advisor	



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Dates	Name	Program or School	Role	Current Position
1991 - 1992	Gina Sucato	MD, School of Medicine, U Pennsylvania	Research Advisor	Assistant Professor, Department of Pediatrics, U of Pittsburgh School of Medicine
1991 - 1992	Ila Rosen	MPH, San Francisco State University	Research Advisor	
1991 - 1993	Jesus Ramirez	MPH, UCB	Research Advisor	
1991 - 1993	Tam Nguyen	MA/Public Policy, UCB	Research Advisor	
1991 - 1993	Jaime Geaga	PA, MPH, UCB	Research Advisor	
1992 - 1993	Faith Wolfson	MSW, UCB	Research Advisor	
1992 - 1993	Zandy Kidd	MPH, UCB	Research Advisor	
1992 - 1993	Victoria Fontana	MSW, UCB	Research Advisor	
1992 - 1993	Rebecca Brook	BA/Health Law, UCLA	Research Advisor	
1992 - 1993	Michelle Pearl	MPH, UCB	Research Advisor	
1993 - 1996	Sheri Tye	MPH, UCB	Research Advisor	
1993 - 1994	Renu Karir	Joint Master's, Yale School of Management, Yale School of Public Health	Research Advisor	
1993 - 1994	Julia Cohen	MA/Public Policy, UCB	Research Advisor	
1992 - 1992	Susan Kools	PhD, School of Nursing, UCSF	Research Advisor, Career Mentor	Professor, School of Nursing, UCSF
1993 - 1994	Susan Starbuck-Morales	DrPH, School of Public Health, UCB	Research Advisor	Researcher, Humboldt State University
1993 - 1996	Susan Proctor	PhD, School of Nursing, UCSF	Research Advisor	
1993 - 1994	Diane Melendez	PhD, Division of Medical Anthropology, UCSF	Research Advisor	
1995 - 1995	Meg Wise	MPH, MSW, UCB	Research Advisor	

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Dates	Name	Program or School	Role	Current Position
1995 - 1996	Sarah Teagle	PhD, School of Public Health, UCB	Research Advisor	Senior Researcher, RTI
1995 - 1998	Claire Horton	MD, School of Medicine, Emory and MPH, U North Carolina, Chapel Hill	Research Advisor	Clinical Faculty, San Francisco General Hospital
1995 - 1996	Margaret Martin	DrPH, School of Public Health, UCLA	Research Advisor	
1995 - 1996	Ellen Stein	MD, MPH, UCB	Research Advisor	
1995 - 1996	Neva Phair	Joint Program in Medical Sciences, UCB	Research Advisor	
1995 - 1998	Nicole Wicox	MPH, UCB	Research Advisor	Physician, San Francisco
1996 - 1998	Parag Nene	MD, School of Medicine, U Pennsylvania	Research Advisor	
1997 - 1998	Rupal Sangvhi	MPH	Research Advisor	Independent Consultant
1997 - 2000	Xochitl Castaneda	PhD, Department of Anthropology, Amsterdam University	Research Advisor	Director, UCB Mexican-US Border Initiative (now retired)
1998 - 1999	Carolyn Bradner	MD, School of Medicine, U Chicago and Post Doctoral Fellow, UCSF	Research Advisor, Career Mentor	Professor, Department of Pediatrics and Adolescent Medicine, UCSF
1998 - 2000	Deborah Sattley	MSW, School of Social Work, U Illinois	Research Advisor	Consultant
1998 - 2000	Sherri Tye	PhD, School of Public Health, UCB	Research Advisor	Parent
1999 - 2000	Monya Day	BA, Stanford	Research Advisor	
1999 - 2000	Kate Heumann	Master's in Public Policy, UCB	Research Advisor	

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Dates	Name	Program or School	Role	Current Position
2000 - 2001	Sara Buckelew	MD, MPH, UCB and Post-Doctoral Fellow, UCSF	Research Advisor	Professor, Adolescent Medicine, Department of Pediatrics, UCSF
2001 - 2001	Olivia Simpson	MD, MPH, UCB	Research Advisor	
2001 - 2001	May Moo Podus	MPH, San Jose State University	Research Advisor	
2002 - 2002	Hilary Spindler	MD, Yale and PhD, UCLA	Research Advisor	UCSF, Global Health Research Associate
2002 - 2004	Signy Judd	PhD, School of Nursing, UCSF	Research Advisor	Research Coordinator, UCSF
2002 - 2003	Shrimant Mishra	MD, MPH,UCB	Research Advisor	
2002 - 2003	Gorette Amaral	MPH, UCB	Research Advisor	Ph.D., Stanford
2002 - 2003	Mona Jhuar	MPH, UCLA	Research Advisor	Program Officer, The California Endowment
2002 - 2004	Katrine Lofberg	MD, Medical School, U Washington, Seattle	Research Advisor, Career Mentor	Physician, Washington State U
2002 - 2004	Andrew Mihalek	MD, Medical School, UCD	Research Advisor, Career Mentor	Professor of Pulmonary Medicine, University of Virginia
2002 - 2004	Kristine Penner	Joint UCB/UCSF MD Program, MPH, UCB	Research Advisor	
2002 - 2007	Alexa Curtis	PhD, School of Nursing, UCSF	Research Advisor	Nurse Practitioner, Humboldt County, CA
2003 - 2005	Lisa Romero	DrPH, School of Public Health, UCB	Research Adivsor	Project Officer, CDC

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Dates	Name	Program or School	Role	Current Position
2003 - 2005	Sonia Jain	PhD, Harvard U	Research Advisor	Research Director, West-Ed, San Francisco
2003 - 2005	Beth Chaton	PhD, LaVerne College, Claremont, CA	Research Advisor, Career Mentor	Program Director, Department of Education, Humboldt County, CA
2004 - 2005	Sarah Shulman	MS, PhD Oxford	Research Advisor	Director, Youth Development Organization
2005 - 2007	Lauren Ralph	MPH, UCB	Research Advisor	Assistant Professor, Department of Ob/Gyn, UCSF
2006 - 2007	Wanwadee Neamsakul	PhD, School of Nursing, UCSF	Research Advisor	Faculty Member, U Indonesia
2006 - 2007	Marcia Wertz	PhD, School of Nursing, UCSF	Research Advisor, Career Mentor	Assistant Professor, School of Nursing, UCSF
2007 - 2010	Linnet Oyicho	PhD, Great Lakes U Kisumu, Kenya	Research Advisor	Lecturer, Doctoral Student, U of Ottawa
2007 - 2008	Alexis Armekanis	MD, Medical School, UCSF	Research Advisor	Psychiatry Resident, UCSF
2007 - 2009	Dawn Richardson	DrPH, School of Public Health, UCB	Research Advisor	Post Doctoral Fellow, Health & Society, U Michigan
2007 - 2009	Naomi Schapiro	PhD, School of Nursing, UCSF	Research Advisor	Clinical Professor, Family Health Care Nursing, UCSF
2007 - 2009	Nan Jiang	PhD School of Public Health, Indiana U, Bloomington	Research Advisor	Post-doctorate in Tobacco Policy, UCSF
2009 - 2009	Elodia Villasenor	MPH, San Francisco State University	Research Advisor	

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Dates	Name	Program or School	Role	Current Position
2009 - 2010	Olubosola Olewole Busola	BA, Post-Bac Program, UCSF	Research Advisor	Post Bachelor Program/UCSF
2010 - 2012	Manuelito Biag	MPH, PhD, UC Davis	Career Mentor	Social Science Research Associate, Stanford University
2012 - 2012	Heather Knauer	MPH, UCB	Career Mentor	Research Associate, PRL- IHPS, UCSF
2012 - 2012	Nora Anderson	MPA, New York University	Career Mentor	Research Associate, PRL- IHPS, UCSF
2012 - 2012	Nicole Bennett	MPH	Career Mentor	Research Associate, PRL- IHPS, UCSF
2013 - 2014	Rachel Siemons	BA Postbac- Pre-med program, Bryn Mawr College	Thesis mentor	UC Berkeley- UCSF Joint Medical Program
2011 - 2013	Paulette Cha	BA Postbac- Pre-med program, Bryn Mawr College	Thesis Mentor	UCSF-UC Berkeley (now: Public Policy Institute, San Francisco
2013 - 2013	Heidi Moseson	2nd year doctoral student at UCSF	Career Mentor	Doctoral program in Epidemiology at UCSF
2013 - 2013	Luis A. Rodríguez	RD, CNSC	Career Mentor	UCSF Medical Center/Children's Hospital
2013 - 2013	Satu Larson	2nd year doctoral student at UCSF	Career Mentor and Qualifying Exam member	Doctoral program in at S/N UCSF
2014 - 2014	Carlos Penilla	DrPH Student	Research and Career Mentoring	Assistant Professor, Department of Pediatrics, UCSF
2014 - 2015	Zesmayat Mekonnen	MA, first year mentor program	first year mentor program	UCSF

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Dates	Name	Program or School	Role	Current Position
2015 - 2016	Leena Bhalerao Singh	MA	Qualifying Exam committee	UCB
2015 - 2016	Sara Kassabian	MA	Mentee/Trainee	Independent Consultant
2016 - 2017	Sophie Godley	MPH, Clinical Assistant Professor	Mentee	Boston University School of Public Health
2016 - 2017	Grace Liu	MPH	Mentee	UCSF Global Health Sciences
2016 - 2017	Joseph Chuang	MS, MPHc	Mentee	University of Washington
2016 - 2017	Stacy Osua	BA	Mentee	UCSF, Post Baccalaureate Program
2016 - 2017	Ana Isabel Gonzalez	MA, MPH	Mentee	UCB, accepted for PhD program, University of Texas
2016 - 2017	Carmen Maria Conroy	BA	Mentee	Yale NIH PREP research fellow
2017 - 2018	Lauren Lee Caton	BA, MS (2018)	Mentee	UCB, Public Health, Maternal and Child Health
2017 - 2018	Cynthia Shen	BA in progress	Mentee	Cornell 2020
2018 - 2019	Alex Valenzuela	BS Human Biology	Mentee	UCSF
2018 - 2019	Fiona Ng	RN, Master of Science in Nursing Student	Mentee	UCSF, Pediatric Nurse Practitioner candidate 2019
2019-2020	Aricelle Sanchez	UCSF Post-Bachelor's Program	Mentee	UC Irvine, School of Medicine
2019 – 2021	Jamie Sawyer	PhD Student	Mentee	
2020-2021	Leonida Radford	UCSF Post-Bachelor's Program	Mentee	University of Washington, School of Medicine

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Dates	Name	Program or School	Role	Current Position
2020 – present	Jane Fieldhouse	PhD Student, Global Health	Mentee	
2021-2022	Urania Argueta	UCSF Post-Bachelor's Program	Mentee	UCSF, School of Medicine
2021-2022	Monica Gutierrez	Applying to Medical School	Mentee	
2021-2025	Sarah Nathan	PhD Student, Social & Behavioral Sciences	Mentee	
2022-2023	Marie Salem	Research Assoc/Pre PhD Student	Mentee	PhD Program
2022-2023	Julia Hankin	Research Assoc/Pre PhD Student	Mentee	Apply to PhD program
2023-2024	Kyle Lakatos	Medical Student	Mentee	Internship, UCLA
2022-present	Sammer Elsayed	PhD Student, Global Health	Mentee	Ph.D.Global Health
2023- present	Julia Holmes Ryan	Ph.D. UC Berkeley School of Public Health	Mentee	Ph.D. Student
2025-present	Sigal Maya	Ph.D. Global Health	Mentee	Ph.D. Student
2024-present	Jacquelyn Roger	Ph.D. Biomedical Informatics, UCSF	Mentee and Research Supervisor	Ph.D. Student

**POSTDOCTORAL FELLOWS AND RESIDENTS MENTORED**

Dates	Name	Fellow	Faculty Role	Current Position
1983 - 1985	Barbara Staggers, MD, MPH	Fellowship in Adolescent Medicine	Research, Professional Mentoring	Chief, Teen Clinics, Children's Hospital, Oakland

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Dates	Name	Fellow	Faculty Role	Current Position
1984 - 1986	Martin Anderson, MD, MPH	Fellowship in Adolescent Medicine	Professional Development	Chief, Division. of Adolescent Medicine, UCLA
1985 - 1988	Sheryl Ryan, MD, MPH	Fellowship in Adolescent Medicine	Professional Development	Chief, Division of. Adolescent Medicine, Yale University
1989 - 1991	Trude Bennett, DrPH	Hewlett Fellow	Research and Career advisor	Professor, School of Public Health, University of North Carolina
1990 - 1991	Jesus Jaime Guzman, MD	Hewlett Fellow, Mexico	Research advisor	Professor, Universidad de Guadalajara, Mexico
1990 - 1991	Noe Alfaro, MD, MPH	Hewlett Fellow, Mexico	Research Advisor	Professor, Universidad de Guadalajara, Mexico
1990 - 1991	Laura Laski, MD, MPH	Hewlett Fellow, Argentina	Research Advisor	Director, UN Family Planning Program, New York
1991 - 1992	Juan Carlos Ramirez Rodriguez, MD	Hewlett Fellow, Mexico	Research Advisor	Professor, Universidad de Guadalajara, Mexico



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Dates	Name	Fellow	Faculty Role	Current Position
1991 - 1995	Jonathan Ellen, MD	Fellowship in Adolescent Medicine	Research and Professional Development	Professor/Vice Chair of Pediatrics, Johns Hopkins
1991 - 1995	Cynthia Kapphahn, MD, MPH	Fellowship in Adolescent Medicine.	Research and Professional Development	Associate Professor, Pediatrics Stanford
1992 - 1993	Elena Fuentes-Afflick, MD, MPH	Hewlett Fellow, US	Research Advisor	Professor, Department of Pediatrics, UCSF
1992 - 1993	Julio Garcia, MD	Hewlett Fellow, Mexico	Research Advisor	
1993 - 1994	Monica Jasis, MD	Hewlett Fellow, Mexico	Research Advisor	Director, Centro Mujeres, Baja, Mexico
1993 - 1995	Isabelle Melese-d'Hospital, PhD	Hewlett Fellow, Mexico	Research Advisor	
1993 - 1996	David Bell, MD	Fellowship in Adolescent Medicine.	Research and Professional Development	Assistant Professor, Pediatrics, Columbia University
1994 - 1995	Gabriela Rodriguez, MS	Hewlett Fellow, Mexico	Research Advisor	Research Director, Family Planning Program, Mexico City, Mexico

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Dates	Name	Fellow	Faculty Role	Current Position
1995 - 1996	Mariana Romero, MD	Hewlett Fellow, Argentina	Research Advisor	Medical Director, Family Planning Program, (CEDES) Buenos Aires, Argentina
1996 - 1997	Rosario Cardenas, MD	Hewlett Fellow, Mexico	Research Advisor	
1996 - 1997	Elena Zuniga, BA, PhD candidate	Hewlett Fellow, Mexico	Research Advisor	Director, UN Family Planning Program, El Salvador
1997 - 2000	Howard Pinderhughes, MD	Scholar, WT Grant	Research Advisor, Career mentor	Professor and Chair, School of Nursing, Social & Behavioral Sciences, School of Nursing, UCSF.
1998 - 2002	Mary Ott, MD	U. of Pennsylvania and Postdoctoral Fellow in Adolescent Medicine	Research Advisor, Career Mentor	Associate Professor, Indiana University, Dept. of Pediatrics
1998 - 2000	Arik Marcell, MD	Fellowship in Adolescent Medicine	Research Advisor, Career Mentor	Associate Professor, Johns Hopkins University, Adolescent Medicine

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Dates	Name	Fellow	Faculty Role	Current Position
1998 - 2000	Martha Perry	Fellowship in Adolescent Medicine	Research Advisor	
1996 - 1997	Xochitl Castenada, BA, PhD	Hewlett Fellow, El Salvador and Mexico	Research Advisor	Director, Health Initiatives of the Americas, Berkeley, CA (now retired)
1997 - 1998	Jesus Chirinos, MD	Hewlett Fellow, Peru	Research Advisor	Professor, Catholic University, Lima, Peru
1997 - 1998	Maria Vivas-Mendoza, MD	Hewlett Fellow, Mexico	Research Advisor	
1998 - 1999	Guillermo Canton Calderon, MD	Hewlett Fellow, Guatemala	Research Advisor	Physician, Guatemala City, Guatemala
1998 - 1999	Maria Soledad Gonzales Montes, PhD	Hewlett Fellow, Mexico	Research Advisor	
1999 - 2000	Freddy Javier Cardenas, MD	Hewlett Fellow, Nicaragua	Research Advisor	Professor, University of Nicaragua
1999 - 2000	Enriqueta Valdez, MD	Hewlett Fellow, Mexico	Research Advisor	
2000 - 2001	Susana Chavez, MA	Hewlett Fellow, Peru	Research Advisor	
2000 - 2001	Simon Nadew, MD	Visiting Fellow	Research Advisor	Medical resident, Family Practice, Ethiopia

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Dates	Name	Fellow	Faculty Role	Current Position
2000 - 2001	Diana Martinez, MD	Hewlett Fellow, El Salvador and Mexico	Research Advisor	
2000 - 2003	Sophia Yen, MD	Fellowship in Adolescent Medicine	Research and Professional Development.	Clinical Instructor, Adolescent Medicine, Stanford University
2001 - 2002	Maria Claudia Gutierrez, MA	Hewlett Fellow, Columbia	Research Advisor	
2001 - 2002	Jane Pirkis, PhD	Harkness International Health Policy Scholar, Australia	Research Mentor	Senior Lecturer, Melbourne University Australia
2001 - 2002	Addis Abeba Salinas, MD, MA	Hewlett Fellow, Mexico	Research and Career Advisor	
2002 - 2003	David Breland, MD	Fellowship in Adolescent medicine	Research Advisor	Assistant Professor, Pediatrics, University of Washington
2002 - 2003	V. Melvin Sotelo, MA	Hewlett Fellow, Nicaragua	Research and Career Advisor	Family Planning Coordinator, Nicaragua
2002 - 2003	Lillian Wong, MD	Visiting Scholar	Program Director: Research, Clinical, Professional Dev.	Faculty, Chinese University of Hong Kong
2002 - 2003	Raquel Hurtado, MD	Hewlett Fellow, Peru	Research and Career Advisor	

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Dates	Name	Fellow	Faculty Role	Current Position
2003 - 2003	Loris Hwang, PhD	Fellowship in Adolescent Medicine	Career Advisor	Associate Adjunct Professor, Pediatrics/ Adolescent Medicine, UCSF
2003 - 2004	Erica Troncoso, MA	Hewlett Fellow, Mexico	Research Advisor	
2003 - 2004	Carmen Elisa Alvarez, MS	Hewlett Fellow, Columbia	Research Advisor	
2004 - 2005	Roberto Casto-Perez, MD	Hewlett Fellow, Mexico	Research and Career Advisor	Professor, School of Public Health, Mexico
2004 - 2005	Cecilia de Mello e Souza, MD	Hewlett Fellow, Brazil	Research Advisor	Professor, Sao Paulo, Brazil
2004 - 2006	Jane Burns, PhD	Harkness International Health Policy Scholar, Australia	Program Director, Research Mentor	Evaluation Director, Imagine, Australia
2006 - 2006	Jennifer Yu, PhD	Postdoctoral Fellow, Agency for Health Care Quality and Research, IHPS	Research Advisor, Career Mentor	Research Associate, IHPS, UCSF
2006 - 2008	Aimee Afable-Munsuz, PhD	Postdoctoral Fellow, Agency for Health Care Quality and Research, IHPS	Research Advisor, Career Mentor	Postdoctoral Fellowship, School of Pharmacy, UCSF

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Dates	Name	Fellow	Faculty Role	Current Position
2007 - 2008	Kim Rhoades, MD, MS, MPH	Postdoctoral Fellow, Agency for Health Care Quality and Research, IHPS Philip R. Lee Fellow, UCSF	Research, Career Mentor	Professor of Surgery and Community Research, UCSF
2008 - 2009	Helena Hart, MD	Philip R. Lee Fellow, IHPS, UCSF	Research, Career Mentor	Medical School, UCSF
2009 - 2012	Christine Dehlendorf, MD, MAS	Department of Family and Community Medicine, UCSF	Research, Career Mentor	Clinical Professor of Medicine, Department of Family and Community Medicine, UCSF
2008 - 2012	Amy Donovan-Blondell, PhD	Department of Health and Aging, UCSF	Research, Career Mentor	Post Doc Fellowship, Institute for Health and Aging, UCSF Now: Independent Consultant
2009 - 2011	Pam Stoddard, PhD	Philip R. Lee IHPS Post-Doc	Career Mentor	Post Doc, Philip R. Lee Institute for Health Policy Studies, UCSF
2009 - 2012	Anisha Patel, MD	Philip R. Lee Fellow, IHPS, UCSF	Research, Career Mentor	Stanford University

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Dates	Name	Fellow	Faculty Role	Current Position
2011 - 2014	Sarah, Isquick, MD, MPH	Doris Duke Fellow, Philip R. Lee IHPS, Bixby Center	Career Mentor	Practicing Physician, Sutter Health
2011 - 2013	Elizabeth Uy-Smith, MD, MPH	Primary Care Research Fellow	Career Mentor	Family and Community Medicine
2013 - 2017	Marissa Raymond-Flesch, MD, MPH	Fellow	Career Mentor	Current: Associate Professor, Adolescent and Young Adult Medicine
2013 - 2017	Satu Larson	Fellow	Career Mentor	Associate professor for SJSU School of Nursing, a pediatric nurse practitioner
2013 - 2014	Esme Cullen	Third Year Medical Student	Career Mentor	UCSF Medical Center
2013 - 2018	Paulette Cha	PhD Candidate	Career Mentor	Public Policy Institute, San Francisco
2014 - 2016	Gina Robinson	PhD, UCSF	Career Mentor	School of Nursing, UCSF
2014 - 2017	Michelle Ko	MD, PRL-IHPS Fellow	Career Mentor	Professor, UC Davis School of Medicine
2014 - 2017	Suzane M. Martinez, MD, PhD	MD, PhD	Career Mentor	UCOP

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Dates	Name	Fellow	Faculty Role	Current Position
2014 - present	Sarah Combellick, MA	Research Associate	Career Mentor	PhD candidate, UC Davis
2014 - 2016	Jacquelyn Torres, PhD, MD	Fellow	Career Mentor	Assistant Professor, Department of Epi/Biostatistics, UCSF
2015 - present	Elizabeth Dickson, RN, MSN	Fellow, RWJF Nursing and Health Policy Collaborative	Career Mentor, Dissertation Committee	Faculty (tenure-track) University of New Mexico, College of Nursing
2015 - 2017	Ilana Garcia-Grossman	MD Candidate, class of 2018	Career Mentor	UCSF
2016 - 2018	Emily Behar, RN, MSN, MPH	Doctoral Student, Global Health Sciences	PhD, Career Mentor	Department of Public Health, San Francisco
2016 - 2018	Jennifer Shen	Fellow	Research and career mentoring	IHPS Postdoctoral Fellow
2016 - 2018	Emily Hall, RN, MSN, MPH	Doctoral Student	PhD, Career Mentor	San Francisco Department of Public Health
2018 - 2020	Lauren Strelitz, MD, MSL	PhD Candidate, Fellowship in Adolescent Medicine	Career Mentor and Scholarly Oversight Committee	Dept. of Pediatrics, UCSF



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Dates	Name	Fellow	Faculty Role	Current Position
2018 - 2020	Marichianah Onono, MBChB, Msc	Doctoral Student, Global Health Sciences	Qualifying Exam Committee & Chair	Kenya Medical Research Institute
2018 - present	Jayme Congdon	Fellow	Career Mentor	Depart. of Pediatrics, UCSF
2019 - present	Angela Barney, MD	Clinical Fellow	Career Mentor and Scholarly Oversight Committee	Depart of Pediatrics, UCSF
2024- present	Clemence Marty	Visiting Fellow	Career Mentor	Head of Strategy and Transformation, Assistance Publique–Hôpitaux de Paris (AP–HP)
2024-present	Jennifer Yarger	Post-doctoral Fellow	Mentor	Department of Urology
2024-present	Juliana Friend	Post-doctoral Fellow	Mentor	Department of Epidemiology and IHPS
2024-present	Kristen Burke	Post-doctoral Fellow, BIRCWH	Mentor	Post-Doctoral Program

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**FACULTY MENTORING**

Dates	Name	Position while Mentored	cbrendisMentoring Role	Current Position
1999 - 2001	Marty Jessup	PhD, School of Nursing, UCSF	Research Advisor	Associate Professor, School of Nursing, UCSF.
2005 - 2006	Kristine Madsen	MD, MPH	Research Advisor	Assistant Adjunct Professor, Pediatrics, UCSF
2005 - 2007	Jennifer Reich, PhD	Postdoctoral Fellow, IHPS	Research and Career mentoring	Professor, U of Denver
2005 - present	Daniel Dohan, PhD	Associate Professor Department of Anthropology and Health Policy	Career Advisor	Deputy Director and Professor, Director of Training/IHPS/ UCSF
2005 - present	Diana Greene Foster, PhD	Demographer	Research and Career Advisor	Assistant Professor, Department of Obstetrics, Gynecology, and Reproductive Health Sciences, UCSF
2006 - 2011	Mary Ott, PhD	Faculty, Indiana U Bloomington	Research supervision and career mentoring	Faculty, Indiana University, Bloomington
2006 - 2020	Tracy Weitz, PhD	Department of Sociology, UCSF	Research and career mentor	Professor, American University

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Dates	Name	Position while Mentored	Research and Mentoring Role	Current Position
2006 - 2020	Tracey Woodruff, PhD	Post-Doc and Faculty member, UCSF	Research and career mentor	Professor, Dept. of Obstetrics, Gynecology and Reproductive Sciences, UCSF
2007 - 2020	Jeff Belkora, PhD	Assistant Professor in Research, Surgery and Health Policy	Research and career mentoring	Associate Professor in residence, Department of Surgery and IHPS, UCSF
2007 - 2019	Michael Cabana, MD, MPH	Associate Professor, Chief of General Pediatrics, UCSF	Research review and personal advisor	Chair of Pediatrics, Montefiore, New York, NY
2007 - 2016	Diane Rittenhouse, MD	Associate Professor in Residence	Career mentor	Professor in Residence, Department of Family & Community Medicine and IHPS, UCSF
2008 - 2012	David Becker, MD	Assistant Clinical Professor of Pediatrics	Research and career mentoring	Clinical Professor of Pediatrics, UCSF
2008 - 2014	Sara Buckelew, MD, MPH	Assistant Clinical Professor	Career mentoring	Clinical Professor, Department of Pediatrics, UCSF

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Dates	Name	Position while Mentored	cbrindisMentoring Role	Current Position
2008 - 2012	Adam Hersh, MD	Clinical Fellow and Assistant Professor, Dept. of Pediatrics, UCSF	Research and career mentoring	Professor, Department of Pediatrics, University of Utah
2008 - 2011	Megie Okumura, MD	Assistant Adjunct Professor, Dept. of Pediatrics, UCSF	Research and career mentoring	Associate Professor, Department of Pediatrics, UCSF
2008 - 2014	Laura Schmidt, PhD, MPH, MSW	Associate Professor in Residence	Career mentor	Professor, IHPS, and the Department of Anthropology and History, UCSF and History, UCSF
2008 - 2014	Steve Takemoto, PhD	Assistant Adjunct Professor	Career mentor	Independent Consultant
2010 - 2016	Tilly Gurman, DrPH	Assistant Professor	Career mentor	Assistant Professor, Department of Global Health, School of Public Health and Health Services, George Washington University
2010 - 2016	Ushma Upadhyay, MPH	Assistant Professor	Research and career mentoring	Associate Professor, Bixby Center for Global and Reproductive Health

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Dates	Name	Position while Mentored	cbrendisMentoring Role	Current Position
2013 - present	Anisha Patel, MD	Assistant Professor	Research and career mentoring	Professor, Department of Pediatrics, UCSF
2013 - present	May Sudhinaraset, PhD	Assistant Professor	Research and career mentoring	Professor, School of Public Health, UCLA
2018 - 2019	Fatima Rodriquez, MD, MPH, FACC	Assistant Professor	research and career mentoring	Assistant Professor Cardiovascular Medicine, Stanford University School of Medicine
2019-present	Cristin Kearns, DDS	Assistant Professor	Career mentor	Assistant Professor, School of Dentistry, UCSF
2019-present	Rita Hamad, MD	Assistant Professor	Career mentor	Professor, School of Public Health, Harvard
2018-2021	Brittany Chambers, PhD	Assistant Professor	Career and research mentor	Assistant Professor, UC Davis School of Medicine
2019-present	Romina Barral, MD	Assistant Professor	Career and research mentor	Assistant Professor, Univ of Missouri-Kansas, School of Medicine

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Dates	Name	Position while Mentored	cbrendisMentoring Role	Current Position
2020-present	Ifeyinwa Asiodu, RN, PhD	Assistant Professor	Career and research Mentor	Associate Professor, Department of Family Health School of Nursing, UCSF
2020-present	Jayne Congdon, MD	Assistant Professor	Career and research Mentor	Assistant Professor, Department of Pediatrics, UCSF
2022-present	Anita Hargrave, MD	Assistant Professor	Career and research mentor	Assistant Professor, Department of Medicine, UCSF
2022-2024	Susanna Mitro, Ph.D.	BIRCWCH Scholar	Career and research Mentor	Kaiser Division of Research
2022-present	Julia Raney, M.D.	Assistant Professor, Department of Pediatrics, UCSF	Mentor and Research Collaborator	Assistant Professor
2022-present	Kenshata Watkins, MD	Assistant Professor, Department of Emergency Medicine	Mentor	Assistant Professor, Department of Emergency Medicine
2023-present	Akinyemi Oni-Orinsan, Ph.D.	Associate Professor, School of Pharmacy	Mentor	Associate Professor, School of Pharmacy
2024-present	Amanda Bryson, MD	Assistant Professor, Department of Pediatrics, UCSF	Mentor and Research Collaborator	Assistant Professor

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Dates	Name	Position while Mentored	cbrendisMentoring Role	Current Position
2023-present	Ayesha Appa, PhD	Assistant Professor, Department of Medicine, UCSF	Mentor	Assistant Professor
2020-present	Jason Nagata, MD	Associate Professor, Department of Pediatrics, UCSF	Mentor and Research Collaborator	Associate Professor
2022-present	Ribka Tessera, MD	Researcher, Kaiser Division of Research, Oakland	Mentor	Researcher
2023-present	April Bell, Ph.D.	Assistant Professor, Department of Family and Community Medicine	Mentor	Assistant Professor
2024-present	Jonathan Watanabe, Ph.D.	Professor and Director, Department of Clinical Pharmacology	Mentor	Professor and Director, Department of Clinical Pharmacology
2024-present	Lucy Ogbu-Nwobodo, MD	Assistant Professor, Department of Psychiatry	Mentor	Assistant Professor, Department of Psychiatry
2025-present	April Edwill, MD	Assistant Professor, Department of Pediatrics	Mentor	Assistant Professor, Department of Pediatrics
2024-present	Enihomo Obadan-Udoh, DDS.	Associate Professor, School of Dentistry	Mentor	Associate Professor, School of Dentistry

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Dates	Name	Position while Mentored	cbrendisMentoring Role	Current Position
2024-present	Meghan Morris	Associate Professor and Vice Chair in the Department of Epidemiology and Biostatistics	Mentor	Associate Professor and Vice Chair in the Department of Epidemiology and Biostatistics
2025-present	Yasaswi Kirlovskiy, MD	Assistant Professor, Department of Obstetrics, Gynecology and Reproductive Health Sciences	Mentor	Assistant Professor

## RESEARCH AND CREATIVE ACTIVITIES

### RESEARCH AND CREATIVE ACTIVITIES SUMMARY

Methodologically, I conduct program evaluations and health policy analyses, using a variety of quantitative and qualitative techniques, assuring triangulation of data. This strength enables me to work with a variety of research collaborators, including previously valuating: 1) the nation's largest 1115 Medicaid Waiver Family Planning Waiver; 2) California's statewide, community-based teenage pregnancy prevention, as well as pregnant and parenting adolescents initiatives; 3) school-based health services; 4) the impact of the Affordable Care Act (ACA) on children, adolescents, young adults and women's health; 5) the role of patient engagement in health care system redesign, 6) UCSF-CA preterm birth initiative, 7) health care access and needs of immigrants, with a particular focus on Deferred Action for Childhood Arrivals (DACAs), 8) the interaction of Adverse Childhood Experiences (ACEs) and the needs of adolescents, and 9) monitoring the impact of COVID-19. As a result of my work in the area of program evaluation, I collaborated with Dr. Annette Gardner in the writing of a book, *Advocacy and Policy Change Evaluation: Theory and Practice*, published by Stanford Press in 2017.

In 2018-2019, along with a small number of campus leaders (Nancy Adler, Kirsten Bibbins-Domingo, Kevin Grumbach, Bob Hiatt, and Elizabeth Watkins), we established the UCSF Population Health Sciences and Health Equity Initiative that brings together multiple ongoing efforts in this area, but which are often not recognized as a special campus strength. We held a successful UCSF Colloquium on Population Health & Health Equity ([https://www.youtube.com/watch?v=MXqy\\_LlIExl](https://www.youtube.com/watch?v=MXqy_LlIExl)) in May 2018 and I gave a presentation on the role of academic health centers in population health. We conducted a campus-wide study of the



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data needs of our faculty in the area of population health and large data bases, working towards creating a data repository and the systematic identification of campus experts who are able to work with faculty and trainees in conducting population-health oriented analyses.

With the selection of Dr. Bibbins-Domingo as the inaugural Vice-Dean for Population Health and Health Equity, I served on her Steering Committee until 2020, planning a variety of strategies to build upon our campus' strengths in this arena and leverage further collaborations across campus related to population health. I served as principal investigator of a \$1.44 million dollar "Population Health Data Initiative ("PHDI", supported by the UC Medical Center) to further advance population and health services research at UCSF. The goals of the 3-year project were to provide support for the institutional acquisition of several key data sources, establishment of a user-friendly data portal with capacity for data analytics to make these data accessible, as well as key investments to support junior faculty and trainees to use these data effectively.

### *Immigrant and Latinx Health*

My own qualitative and quantitative research has also examined health and economic disparities among multi-ethnic/racial groups nationally (e.g., health insurance coverage; risk taking behaviors, including teenage pregnancy, suicide, and substance use; and health outcomes). I have special expertise on diverse Latinx populations, global reproductive health, migration and health, as well as the impact of migration and acculturation on Latinx immigrants. For example, I completed a study with collaborators at UCLA and UCB focused on the health conditions and health care access of young Latinos eligible for health care as a result of the Deferred Action for Childhood Arrivals (DACA) program (often referred to as "Dreamers" in social media). On this project, I worked closely with a Latina Fellow in Adolescent Medicine and Health Policy (now a junior faculty member), a medical student in the joint UCB-UCSF Medical School program and hired several "Dreamers" to conduct the research. Results from this research (two briefs, 3 published articles) have been widely disseminated nationally, as well as serving as the basis for two briefings: one with state policymakers in Sacramento and the other with health providers and advocates. This data was used to support SB 4, which requires the provision of Medi-Cal (California's Medicaid Program) insurance coverage to undocumented children living in California, beginning in March 2016. Nearly 200,000 children and adolescents have benefited from the program.

I have also worked in the area of acculturation, social disparities, and health, including: 1) developing a research and policy agenda for cross-border health between Mexico and the U.S., 2) the impact of acculturation on the incidence of obesity among three different groups of Latinos—those born in Mexico who have immigrated to the U.S., Mexican-born populations that speak English, and U.S. born Mexicans who speak English, 3) the role of family planning as a means of reducing health disparities among Latinas, 4) risk and protective factors in adolescent pregnancy among adolescent and young adult Latinas, and 5) the challenge of measuring acculturation, particularly among Latinx adolescents.

Some of my co-authored relevant reports include: "Creating a Health Research and Policy Agenda for Im/migration Between Mexico and California", "Migration and Health: Mexican Immigrant Women in the U.S.," and "A Health Profile of Immigrant Teenagers", representing a multi-campus, cross-border collaboration between the National Population Council of the Government of Mexico (CONAPO), UCB School of Public Health Initiative of the Americas (ISA), UCLA School of Public Health, UC, Davis and UC Berkeley Migration and Health Research Center (MAHRC), and UCSF's Bixby Center for Global Reproductive Health (I am one of its Founding Directors). I have also collaborated on several projects focused on Latina youth, one of

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which was converted into a 22-minute, award winning film, A Question of Hope, (<http://nahic.ucsf.edu/multimedia/901/>); (Spanish voice-over, Una Cuestión De Esperanza: Reduciendo los embarazos de adolescentes latinas en California (<http://bixbycenter.ucsf.edu/videos/video-lo-3.html>)).

### *Adolescent Pregnancy Prevention and Reproductive Health Care Services Research*

Over nearly 5 decades, I have conducted national and international research on teenage pregnancy prevention (as shown in my curriculum vitae). Projects have been funded by the State of California, Patient-Centered Outcomes Research Institute (PCORI), and the federal Office of Adolescent Health and Family and Youth Services Bureau. Specifically, I conducted evaluation research for the State that helps ascertain whether the state's investment is leading to positive outcomes, including a reduction in teenage pregnancy and fewer negative social and economic consequences. I served as Co-PI with Dr. Kathleen Tebb in a PCORI-funded grant entitled, Reducing Health Disparities in Unintended Pregnancies Among Hispanic Adolescents Using a Patient-Centered Computer-Based Clinic Intervention.

In another project, funded by the Federal Family and Youth Services Bureau (Dr. Mara Decker, Principal Investigator), we were evaluating the effectiveness of a Digital Initiative for Youth. This project represents an innovative youth-centered initiative to improve the sexual health and socio-economic well-being of youth in Fresno County, California, also using a newly developed app.(project was defunded in 2025 as a result of federal Executive Orders). Finally, I collaborated with Dr. Christine Dehlendorf, and Dr. Tebb, as we tested the use of social networks and their influence on encouraging adolescents to adopt the use of long-acting contraceptive methods (LARC). The project, entitled, SpeakOut: Empowering teen to teen communication about highly effective contraception, was also funded by the federal Office of Adolescent Health and is using app technology.

With colleagues at the National Family Planning and Reproductive Health Association and George Washington University, we conducted a 3-year study entitled, "Confidential and Covered: Protecting Patients While Preventing Revenue Loss". This study focused on developing and testing effective interventions that support the federal Title X Family Planning program's historic commitment to client confidentiality, while preventing and mitigating revenue loss at Title X service sites due to the provision of confidential services as part of health care reform efforts.

An area of related interest is the role of confidentiality, electronic health care records, and access to sensitive health services in the era of health care reform. Studies have included in-depth interviews with health professionals and stakeholders regarding options for reconciling the need for health insurance explanation of benefits requirements and the need for adolescents and young adults to access sensitive health services (Protecting Adolescent Confidentiality Under Health Care Reform: The Special Case of Explanation of Benefits (EOBs) (<http://healthpolicy.ucsf.edu/Protecting-Adolescent-Confidentiality>) and a policy analyses regarding the Electronic Health Care Record (Sensitive Health Care Services in the Era of Electronic Health Records: Challenges and Opportunities in Protecting Confidentiality for Adolescents and Young Adults - <http://healthpolicy.ucsf.edu/sensitive-health-care-and-electronic-health-records>). We also completed a California-focused study of the impact of insurance churning among young adults (<https://cloudfront.escholarship.org/dist/prd/content/qt85g872v5/qt85g872v5.pdf?t=p60dow>)).

### *Adolescent and Young Adult Health and Health Policy*

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With Dr. Charles Irwin (Director), I served as the co-Director of the Adolescent and Young Adult Health National Resource Center, funded by the federal Bureau of Maternal and Child Health. In this policy-practice endeavor, which was originally conceived by Dr. Irwin and me, was successfully funded between 1999-2024, The Center aimed to promote adolescent and young adult (AYA) health by strengthening the abilities of State Title V MCH Programs, as well as public health and clinical health professionals, to better serve these populations (ages 10-25). Our work focused on increasing the receipt of quality preventive visits for AYAs, including the establishment of AYAH Collaborative Improvement and Innovation Network (ColIN) Projects. We used the ColIN model to help selected states to address the well visit for adolescents and young adults. The ColIN model, used by many states to address infant mortality, combined collaborative learning and quality improvement methods to drive a national strategy. As part of the Center, we conducted analyses of the health and well-being of adolescents and young adults, the impact of the ACA on this population, as well as studied ways to improve access to health insurance coverage and preventive health services. A final focus was on improving the numbers of states that promote young adult health (ages 18-25), including increasing their access to health insurance and preventive health care services.

I also conducted policy research and analyses of The Healthy People 2010 and 2020 Adolescent and Young Adult Health Objectives, and analyses of national data sets documenting the lack of health insurance among adolescents and young adults. As a result of the Affordable Care Act (ACA) and the expansion of Medicaid, disparities in access and utilization of services were reduced and increases in the use of mental health services were documented. This body of research (between 2006-2012) was the basis for bringing national attention to the needs of adolescents and young adults, specifically, the disparities they face in accessing health care, in particular for mental health services. In order to offer policy makers with a set of potential action steps, our team identified innovative programs aimed at: increasing the delivery of preventive mental health services for adolescents; assuring that insurance companies were developing products for young adults; and maximizing health insurance enrollment for young adults who represent 30% of the nation's uninsured population. I completed one of the first studies of the ACA roll-out of health insurance coverage of young adults up to age 26 on their parent's health insurance plans from the perspective of states (published in Journal of Health and Biomedical Law in Winter, 2015). We also conducted analyses of large national data sets to ascertain the impact of the ACA on young people's access to health care and preventive health care visits. In 2006, our team received recognition for this body of work by the Society for Adolescent Health and Medicine (the Hilary E. Millar Award for Advancing the Field of Health Policy for Youth to the UCSF National Adolescent Health Information Center).

### *Health Services*

With colleagues at UCSF, UC Berkeley, and UCLA, we assessed care integration (behavioral and primary care) in the California safety net within the context of the ACA, conducting a set of interrelated research projects to: 1) document the level of integration of care in the safety net system in California, including integration with specialists, ancillary services, hospitals, behavioral health, and social services; 2) evaluate efforts to support Medi Cal providers to adopt health information technology to facilitate functional integration; and 3) document the challenges encountered in outreach and enrollment for difficult to reach and enroll populations, including young men who previously were not eligible to receive subsidized health care. We have disseminated the findings to policy makers and stakeholders in California's health care safety net.

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With colleagues at the Institute, we conducted a three-year evaluation of efforts to increase patient-centered care as part of the federal Center for Medicaid and Medicare Innovation Centers' endeavors. Funded by the Atlantic Philanthropies, the project entitled, the "Campaign for Better Care" (CBC), sought to engage vulnerable populations enrolled in public health plans to ensure that health reform measures reflected their needs, interests, and preferences. Three national advocacy organizations (Community Catalyst, the National Partnership for Women and Families, and PICO) developed models of consumer engagement in institutional decision-making. As part of the evaluation, the evaluation team developed a brief video to capture the voices of patients and providers, who share their stories about barriers in obtaining and providing health care. <https://www.youtube.com/watch?v=TLveVpzP9cU>

### *Community-Focused Early Childhood Development*

With colleagues at UCSF Benioff Children's Hospital, Oakland and later at UCSF Medical Center, and funded by NextGen and the Benioff Foundation, we conducted an evaluation of a provider intervention aimed at reducing the word-gap between middle income and low-income children. Research has documented the dramatic difference between middle- and high-income households in which children 0-4 years of age are exposed to greater degrees of language interactions with their parents, as compared to low-income households, where less verbal stimulation contributes to a significantly limited vocabulary. The intent of this project was to educate low-income parents on the significant brain development that occurs very early in childhood and the importance of language interaction (singing, talking and reading) to close this existing word-gap that hampers future educational outcomes. Evaluation results documented the value of the health care provider in educating families regarding the importance of reading to their babies, as well as children.

### *Influence of the Sugar Industry on the Health of the Public*

Over a period of 7 years, I worked with a team to bring greater attention to the impact of sugar on population health, beginning with a collaboration with Drs. Robert Lustig and Laura Schmidt and reflected in the article, "The Toxic Truth about Sugar". As part of our efforts, we established Sugar Science (<http://sugarscience.ucsf.edu/>, under the direction of Dr. Schmidt), and with the UCSF Library as a full partner, launched the Sugar Industry Library in Fall, 2018 (<https://www.industrydocuments.ucsf.edu/food/>), parallel to UCSF's renown Tobacco Industry Papers. This web-based resource, funded by the Arnold Foundation, is available to world-wide scholars interested in researching the impact of the food industry upon the nation's health, including the marketing of sugar-sweetened beverages leading to childhood obesity. A major symposium was held on November 15, 2018 to launch the archive ([https://www.industrydocuments.ucsf.edu/research-tools/public-lectures/#food\\_unveiling](https://www.industrydocuments.ucsf.edu/research-tools/public-lectures/#food_unveiling)).

### *Translating of Research into Policy*

Underlying my research portfolio is an emphasis on the translation of research into policy, including not only publishing major research results in peer-reviewed journals, but also identifying different dissemination channels. For example, we published the cost-benefit analyses of the Family PACT program, helping to leverage over a billion dollars in California to serve low-income men, women, and adolescents. We also translated this research into easy to use formats for policy makers, including briefs for Congressional, as well as state Legislators. The briefs included data on the number of unintended pregnancies averted by their constituents, and the number of federal and state dollars averted through the prevention of those pregnancies. All of these dissemination and diffusion related efforts, along with my long standing research in

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the area of maternal and child health, led to my co-chairing the Knowledge-Transfer Working group, as part of the Benioff-Gates \$100 million dollar, ten-year commitment to reducing pre-term birth both in California and globally. Building on that experience, we evaluated the UCSF Preterm Birth Initiative-CA. The overall goal was to use evaluation findings to assess current programs and activities and offer insights into possible program modifications that could realign initiative strategies to ensure outcome achievement.

Reflecting upon the wide variety of research interests noted above, each has the theme of focusing on vulnerable and often marginalized populations, bringing the most comprehensive evidence to bear upon policy options, and engaging communities of stakeholders in identifying the most effective policy options available, given resources and evidence.

Separately, throughout my tenure at UCSF, I have been an advocate for health policy and highlighting the roles of our faculty in advancing health policy as they translate their research for a variety of policymakers. I led efforts to identify UCSF-wide faculty who have made a significant contribution and impact on health policy at the local, state, national and international level, as well as globally. These policy impacts reflect laws, regulations, and policies, as well as changes within clinical practices as a result of clinical guideline development. The project is entitled, Policy Champions and is available at <https://pophealth.ucsf.edu/champions/home>.

#### *Adverse Childhood Experiences (ACEs) and adolescents/Latino youth*

Along with colleagues Drs. Naomi Schapiro (School of Nursing) and Samira Soleimanpour, we wrote two concept papers for the Office of the California Surgeon General's (OSG) ACEs Aware Initiative. The first, *Screening adolescents for ACEs: Incorporating resilience and youth development*, addresses how to: ensure confidentiality in screenings; integrate ACEs screening into an assets-based, trauma-informed adolescent visit; and engage youth and families in active steps to mitigate impacts of ACEs and toxic stress. The second paper, entitled *Screening newcomer immigrant youth for ACEs: Adaptations to address language, literacy, stigma and caregiver support*, focuses on addressing cultural and structural barriers to disclosing trauma histories, language and literacy barriers, and challenges of maintaining confidentiality in small immigrant communities. It also addresses how to support resilience and youth development amid current legal and financial restrictions. As part of the research, we conducted a series of individual, zoom-based interviews with health professionals and conducted focus groups with adolescents. Results were used by the OSG to plan initiatives and staff capacity trainings.

#### *Rapid Assessment of COVID-19 Pandemic Indirect impacts and mitigating interventions*

Given the dynamic nature of the COVID-19 pandemic and California's unfolding response, state decision makers required the capacity to anticipate which direct and indirect health impacts will prove especially costly over time and which interventions could mitigate the indirect adverse health outcomes for Californians and costs to the state. In close partnership with the Office of the California Surgeon General, senior IHPS faculty, staff and I worked to develop the "Rapid Assessment of Pandemic Indirect impacts and mitigating interventions for Decision-making" (RAPID) project. Its purpose was to provide timely economic analyses that aimed to support California state decision making on strategies to mitigate the mid- and long-term indirect health burdens of the COVID-19 pandemic, in the context of Adverse Childhood Experiences (ACEs), including [depression, homelessness and alcohol and opioid use]. "Indirect burden" refers to health harms not due to infection with the SARS-CoV-2 virus itself, but rather the biological impacts of the other stressors of the COVID-19 pandemic. This public anxiety regarding COVID-



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19, compounded by the economic distress due to lost wages, employment, and financial assets; mass school closures; and necessary physical distancing measures was shown to result in an increase in stress-related morbidity and mortality. We completed an analysis highlighting major public health issues, illustrating our analytic approach and capability, identified data gaps, and promoted dialogue and feedback on ways that could further maximize the utility of the research for California policymakers (<https://pmc.ncbi.nlm.nih.gov/articles/PMC9292069/>).

#### *Transition to Distinguished Professor (Emerita-on Recall)*

As the Director of the Philip R. Lee Institute for Health Policy Studies for fourteen years (until July, 2020), I played a major leadership role within UCSF and the Institute in building strong research, methodological, and training capacity in the area of health outcomes research, population health, equity, and social determinants of health. This included monitoring the implementation of health care reform, among many pressing health topics, and building the next generation of health services and health policy talented faculty across our campus. I also recently led efforts to honor and celebrate the life of Philip R. Lee, who died on October 27, 2020. The film was presented on February 25th, 2021 and is available at: [https://www.youtube.com/watch?v=JgcUeOHw9\\_Y](https://www.youtube.com/watch?v=JgcUeOHw9_Y).

In transitioning to this phase, I have been engaged in a variety of activities: as a Senior Advisor to the UC Center on Climate, Health and Equity, providing guidance to its two co-Directors as they have conducted their strategic plan, co-authored an article on decarbonization (<https://academic.oup.com/healthaffairsscholar/article/1/1/qxad006/7203670>), and worked with a Commonwealth Visiting Scholar, with whom we have written a manuscript, under review on the subject of implementing clinical decarbonization actions. I have also continued to serve as evaluator of the NIH-funded, UCSF Clinical and Translational Research Institute, evaluator of the UCSF ARCHES program, and serve as a co-investigator with an Adolescent Medicine faculty member, Dr. Jason Nagata, analyzing the impact of social media use on a variety of adolescent risk behaviors, including eating disorders, alcohol, drug use, and mental health issues. I also serve as a mentor to a variety of doctoral students, post-doctoral fellows, and junior faculty.

I served on the National Academy of Science, Engineering and Medicine, National Research Council's Governing Board (4 years;2020-2024), as Vice-Chair of the NAM Council for 3 years (2020-2023), and as Chair of the Advisory Board for the Division of Social and Behavioral Sciences and Educational Studies (2025-present). I chaired the Search Committee for the next President of NAM (2024-2025).

#### **RESEARCH AWARDS – CURRENT**

##### **Title: UCSF-Kaiser Building Interdisciplinary Research Careers in Women's Health Program**

\* Major Goals: The goal of the UCSF/Kaiser BIRCWH program is to increase the number, quality, and breadth of women's health researchers. We aim to facilitate the career development of outstanding independent investigators experienced in multidisciplinary, translational, and clinical women's health research.

Project Number: 8 K12AR084219-26; Source of Support: NIH NIAMS

\*Status of Support: Project/Proposal Start and End Date: 09/2000 - 04/2025; PD/PI: Brindis, Claire/Harper, Cynthia (MPI);(Total Award Amount (including Indirect Costs): \$3,811,838 for 08/2020 – 04/2025 cycle).Active (*awaiting renewal 5/1/2025-2030*);.60 effort;

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**\* Title: UCSF Clinical and Translational Science Institute (CTSI)**

- \* Major Goals: The UCSF Clinical and Translational Science Institute (CTSI) has built a coordinated platform for clinical and translational research, successfully improved, integrated, and extended research services and infrastructure, and created comprehensive training programs. The program has expanded services and infrastructure by collaborating with regional partners, notably the 5 University of California CTSAs (UC BRAID), and measurably improved the health of vulnerable residents in the San Francisco Bay Area. Building on this foundational work, the CTSI now proposes to leverage these strengths by developing and linking emerging technologies to improve the quality, efficiency, and cost of conducting interdisciplinary, multisite clinical and translational research.
- \* Status of Support: Active Project Number: UL1TR001872; PD/PI: Collard, H.; Nguyen, T. Jacoby, V.(MPI); Source of Support: NCATS; Project/Proposal Start and End Date: 07/2021 - 06/2026; Total Award Amount (including Indirect Costs): \$42,460,585; Person Months (Calendar/Academic/Summer) per budget period. 1.20 calendar per year (2025;2026).

**Title: Leadership Training in Adolescent Health**

Major Goals: The goals and objectives are to: 1) Recruit and train trainees to become AYA health leaders across the 5 core MCH disciplines & Public Health who can improve the quality of care and equitable access to services; (2) Develop & implement an interdisciplinary leadership curriculum; (3) Strengthen the capacity of clinical and non-clinical systems to improve AYA health through coordination and collaboration of technical assistance (TA), continuing education (CE), using technology and expanding partnerships with systems that care for underserved AYAs; (4) Advance delivery of equitable evidence-based health care to AYAs through: building trainees' skills in delivering quality clinical care to diverse AYA populations; enhanced engagement with communities & collaboration with institutions that serve AYAs; and addressing emerging issues.

- \* Status of Support: Active Project Number: T71MC00003-46; PD/PI: Irwin, Charles; Source of Support: PHS Health Resources & Services Admin; Project/Proposal Start and End Date: 07/2023 - 06/2027; Total Award Amount (including Indirect Costs): \$1,837,480; Person Months (Calendar/Academic/Summer) per budget period..30 (2025); .60 (2026); .60 (2027)

**Title: Investigating relationships between problematic social media use and binge-eating disorder to inform precision guidance for adolescents**

Major Goals: To identify important interrelations among problematic social media use patterns and binge-eating disorder, using novel measures, prospective data, and machine learning methods on a large national cohort to inform tailored clinical and public health interventions.

- \* Status of Support: Active Project Number: R01 MH135492-01 PD/PI: Nagata, Jason; Source of Support: NIMH; Project/Proposal Start and End Date: 09/2023 - 06/2028; Total Award Amount (including Indirect Costs): \$2,945,079 (.60 Person Months for 2025-2028).

**PENDING****\* Title: Longitudinal pathways between adolescent social media use and substance use: Informing evidence-based guidance**

- \* Major Goals: To examine how social media use during adolescence may contribute to early substance use, such as nicotine, cannabis, and alcohol use. We will also examine parenting

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rules and monitoring that may protect from substance use.

Status of Support: Pending Project Number: R01DA064134; PD/PI: Nagata, Jason; Source of Support: NIH NIDA; Project/Proposal Start and End Date: 07/2025 – 06/2030; Total Award Amount (including Indirect Costs): \$3,802,799; Person Months (Calendar/Academic/Summer) per budget period. (.30 for 2026-2027).

**Title: University of California, San Francisco/Kaiser Permanente Northern California Division of Research Building Interdisciplinary Research Careers in Women's Health (BIRCWH) K12 Program**

\* Major Goals: This competing renewal application is to support the University of California, San Francisco (UCSF) and Kaiser Permanente Northern California (KPNC) Division of Research's Building Interdisciplinary Research Careers in Women's Health (BIRCWH) Program. The program objectives are to: Recruit a superb group of early-career women's health researchers; provide tailored training and mentoring on sex and gender influences in health and disease; build upon our existing program by targeting topics in women's health of public health importance; strengthen and integrate models of interdisciplinary research to develop researchers who foster linkages across disciplines and institutions and excel in building team science; and to promote the prominence of women's health and the retention of investigators underrepresented in clinical research by mentoring BIRCWH scholars and alumni in academic advancement and leadership.

Name of PD/PI: Harper, Cynthia/Gandhi, Monica (MPI); Source of Support: NIH/NIAMS

Project/Proposal Start and End Date: 05/2025 – 04/2030; Total Award Amount (including Indirect Costs): \$4,537,516; .60 for 2026-2030).

**\* Title: Informing guidance on social media use to reduce depression and anxiety in adolescents**

\* Major Goals: To explore temporal and bidirectional associations between digital media engagement and internalizing symptoms of anxiety and depression in adolescence, while identifying multilevel protective factors (individual, relational, and contextual) that buffer against negative mental health outcomes.

\* Status of Support: Pending Project Number: R01MH138986; PD/PI: Nagata, Jason

\* Source of Support: NIH NIMH; Project/Proposal Start and End Date: 12/2025 – 11/2030

\* Total Award Amount (including Indirect Costs): \$3,723,183; Person Months (Calendar/Academic/Summer) per budget period .60 for 2026-2030.

**\*Title: UCSF Clinical and Translational Science Institute**

\*Major Goals: The mission and vision of the University of California, San Francisco's Clinical and Translational Science Institute (CTSI) is to accelerate research to improve health by creating and fostering a transdisciplinary clinical and translational science environment in collaboration with, and embracing scientific and community stakeholders.

\*Status of Support: Pending

\*Project Number: UM1TR006119 PD/PI: Jacoby, Vanessa L, MD (contact)/Collard, Hal/Kanaya, Alka

\*Source of Support: NIH Natl Ctr Advancing Translational Sci(NIH-NCATS)

\*Project/Proposal Start and End Date: 07/01/2026 – 12/31/2035

\*Total Award Amount (including Indirect Costs): \$74,619,040



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\* Person Months (Calendar/Academic/Summer) per budget period: 1.2 for 2026-2035

**COMPLETED PROJECTS**

1.	2002-7925/99-3654	PI		
	The William and Flora Hewlett Foundation		7/1/1983	6/30/2005
	William and Flora Hewlett Fellowship in Latin American Reproductive Health Policy		\$ 55,302 direct/yr 1	\$ 705,943 total
2.	04-35976	PI		Brindis (PI)
	California Department of Public Health		07/01/1997	06/30/2015
	Teen Pregnancy Prevention Project Evaluation		\$ 1,312,800 direct/yr 1	\$ 6,918,905 total
	Evaluation research that help characterize the funded programs and estimate how well they are meeting the State's objectives. Program evaluation results help public health professionals, educators, and policymakers to support more effective teenage pregnancy prevention interventions to reduce the negative social and economic consequences of this important public policy issue.			
3.		PI		
	The California Wellness Foundation		10/01/1997	06/30/2007
	Evaluation of The California Wellness Foundation's Teen Pregnancy Prevention Initiative		\$ 190,887 direct/yr 1	\$ 627,011 total
4.	C2004-501/4375	PI		Brindis (PI)
	Alameda County Department of Health Services		07/01/1998	06/30/2012
	Evaluation of the Alameda County School-Based Health Care Network		\$ 62,834 direct/yr 1	\$ 716,646 total
	The study aims to document the SHS programs' impact on students' access to and utilization of health care, and improvements in their health status and behaviors			
5.	35038-OS-332	PI		
	Centers for Disease Control (CDC)		07/01/2000	12/01/2003
	Evaluation of the CDC's Teenage Pregnancy Prevention Initiatives, subcontract to MACRO International		\$ 100,000 direct/yr 1	\$ 281,990 total
6.		PI		
	Johnson and Johnson Foundation		06/01/2002	09/01/2004

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Evaluation of the National Center for Excellence in Women's Health University of California, Community Women Leadership Projects		\$ 70,000 direct/yr \$ 145,000 total 1	
7. 20021734	PI		
The California Endowment		06/01/2002	06/30/2005
Evaluation of the Community Clinic Consortia Policy Initiative		\$ 100,000 direct/yr 1	\$ 900,000 total
8.	PI		
Johnson and Johnson Foundation		06/01/2002	06/01/2005
Evaluation of the Bridges to Employment- Milpitas High School		\$ 32,000 direct/yr 1	\$ 90,000 total
9.	PI		
Johnson and Johnson Foundation		06/01/2002	06/30/2005
Evaluation of the San Jose Nursing Academy		\$ 15,000 direct/yr 1	\$ 45,000 total
10. R06-CCR921786-0	PI		
Center for Disease Control and Prevention, Department of Health and Human Services		09/01/2002	04/01/2005
Participatory Research in School-Based Health Center Research		\$ 27,296 direct/yr 1	\$ 818,896 total
11.	PI		
Federal Health and Human Resources Administration		10/01/2004	09/30/2005
Adolescent Health Program Evaluation		\$ 250,000 direct/yr 1	
12. 2008-12211	PI		Brindis (PI)
The California Endowment		02/01/2006	06/30/2012
Health Journalism Fellowship Evaluation			\$ 90,037 total
Fellowship program to teach journalists to examine and report on the nuances of health care issues for multicultural populations, with a special emphasis on health disparities, its impact on health care access and the quality of services available.			
13. 2008-2211	PI		
California Endowment		2/01/2006	9/30/2015

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Health Journalism Fellowship Evaluation			\$ 300,000 total
14. 1329AFK-ESP-2006	PI		Brindis (PI)
US Department of Public Health, Office of Population Affairs (Subcontract) / CDC	09/01/2006		09/01/2012
Evaluation of La Clinica de la Raza, Inc.	\$ 281,955 direct/yr 1		\$ 750,000 total
A multi-year, longitudinal, randomized evaluation of 'group prenatal care' visits for pregnant and parenting adolescents vs. traditional prenatal care services is being conducted, including quantitative and qualitative methods			
15. 1013139	PI		Brindis (PI)
Public Health Institute (subcontract) / CDC (Prime)	03/01/2007		09/29/2012
Reducing Asthma Disparities through Comprehensive, Community Activities	\$ 93,985 direct/yr 1		\$ 469,925 total
This evaluation is tracking and monitoring a variety of community-based strategies aimed at reducing health disparities that result in the worsening of asthma health outcomes. Interventions being tested include evaluations of community-based coalitions, environmental strategies, and policy-focused advocacy activities.			
16.	Co-PI		
The California Endowment and the California Healthcare Foundation	07/01/2007		08/01/2008
Developing a Latino/a Research and Program Agenda on Translational Health, with Global Health Sciences	\$ 150,000 direct/yr 1		
17. MCHB T71MC0003L	Co-PI		Irwin (PI)
Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services	07/01/2007		06/30/2014
Maternal and Child Health Bureau, U.S. Department of Health and Human Services			
Interdisciplinary Leadership Education in Adolescent Health, Public Policy Analysis and Education Center for Middle Childhood Adolescent Health, and the National Adolescent Health Information Center			\$ 1,449,231 total
Conduct policy analyses and research pertaining to adolescent health.			
18. 2008-2092	PI		
The William and Flora Hewlett Foundation	02/01/2008		06/30/2011

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Common Ground, Common Goals: The Juncture  
of Schools and Health in Securing California's  
Future \$ 150,000 total

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19. 20081465	PI		Brindis (PI)
The California Endowment		10/01/2008	1/31/2012
Evaluation of Statewide Burden of Asthma		\$ 156,521	\$ 547,934 total
		direct/yr 1	

This evaluation assesses the impact of consortia in impacting policy in the area of environment, schools and homes. Coalition surveys, policy maker interviews, and pre and post data are being used.

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20. 20081866	PI		Brindis (PI)
The California Endowment		01/01/2009	12/31/2011
Community Action to Fight Asthma Legacy; Statewide Asthma Initiative			\$ 156,521 total

This project analyzes the outcomes and lessons learned on the seven year initiative to create policies to reduce the environmental risk factors that affect asthma for school-aged youth. Policy change and policy advocacy occurred at the local, regional, and state levels and focused on policies related to housing, schools, and outdoor air.

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21. FPR PA006051	Co-PI		Darney (PI)
Department of Health and Human Services Office of Population Affairs		09/01/2009	08/31/2014
Innovative Evaluation of Title X and 1115 Waiver Family Planning Program		\$ 100,000	\$ 476,176 total
		direct/yr 1	

Provide conceptual guidance to the development of project design and methodology and oversight of project planning and implementation.

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22.	PI		Brindis (PI)
The Colorado Health Foundation		03/01/2010	12/31/2013
School Based Health Care Initiative Evaluation		\$ 96,699 direct/yr	\$ 290,007 total
		1	

Quantitative and qualitative methods are used to evaluate the Colorado Health Foundation's \$10.8 million School-Based Health Care Initiative's processes, assess factors that contribute to school-based health care program sustainability, and identify best practices to guide operations of current and future school-based health care programs.

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23. 2010-066	PI		Brindis (PI)
The California Wellness Foundation		07/01/2010	03/31/2015

Prepared: July 2, 2025

Assessing the Impact of Federal and State Cuts on California's Teenage Pregnancy Prevention Programs \$ 400,00 total

This study examines how state budget cuts that have resulted from the national and state recession have impacted the California programs and service providers devoted to the needs of youth at high risk of becoming pregnant for the first time and teen parents at risk for repeat pregnancy.

24. 639265-10S-1525	PI		Brindis (PI)
ICF MACRO (Atlantic Philanthropy subcontract)	7/01/2010		12/31/2015
ICF Macro			\$ 495,123 total
25. 05-45221	Co-PI		Darney (PI)
State of California, Office of Family Planning	07/01/2010		06/30/2015
Evaluation of the Family PACT (Planning, Access, Care and Treatment) Program	\$ 2,199,084 direct/yr 1		\$ 11,717,235 total
This evaluation of the states' comprehensive family planning program includes billing data analyses, focus groups with providers and clients, exit interviews, cost-benefit analyses, and case studies			
26. P60MD006902	Co-Investigator		Bibbins-Domingo (PI)
NIMHD	08/27/2012		02/28/2018
Comprehensive Centers of Excellence Addressing Disparities in Chronic Disease with a Teen and Young Adult Focus			\$ 779,767 total
27. 21663	PI		Brindis (PI)
The Atlantic Philanthropies	01/01/2013		12/31/2015
Philip R. Lee Institute for Health Policy Studies' Campaign for Better Care Evaluation			\$ 1,200,000 total
To conduct an evaluation of the effectiveness of consumer mobilization in affecting health care system redesign and improving health outcomes for vulnerable older adults.			
28. 8731749	Co-PI		Grumbach/Brindis (PI)
Blue Shield Foundation	7/1/2013		6/30/2014
Assessing care integration in the California safety net			\$ 41,120 total

Prepared: July 2, 2025

conducting a set of interrelated research projects to: 1) assess the level of integration of care in the safety net system in California, including integration with specialists, ancillary services, hospitals, behavioral health, and social services; 2) assess efforts to support MediCal providers to adopt health information technology to facilitate functional integration; and 3) disseminate the findings to policy makers and stakeholders in California's health care safety net.

29.	Co-PI		Brinids/Roby (PI)
Packard Foundation		07/01/2013	1/31/2018
California Children's Services Evaluation			\$ 347,986 total
An evaluation of California's Enhanced Primary Care Case Management (EPCCM) Program, the Provider-based Accountable Care Organization (ACO); Specialty Health Care Plan (SHCP); and utilization of existing Medi-Cal Managed Care Plans.			
30.	PI		Brindis (PI)
The World Bank		9/1/2013	1/31/2014
Teen Pregnancy Prevention Evaluation and Technical Assistance			\$ 95,000 total
To provide training and technical assistance to family planning agencies, as well as monitor and evaluate the process and outcomes of the programs, as well as make recommendations regarding World Bank investments in Ethiopia and Nepal.			
31. 07-65654	PI		Brindis (PI)
California Department of Public Health, Maternal, Child and Adolescent Health		12/01/2013	11/30/2015
Building Capacity to Advance the Health & Well-being of Adolescents			\$ 1,462,687 total
To provide information, resources and expertise to support the provision of quality health care services to adolescents, increase the capacity of local Maternal, Child and Adolescent Health (MCAH) jurisdictions and their adolescent health practitioners to promote the health of adolescents, and to influence policy with the intent of improving the health and well-being of California's adolescents.			
32.	Co-PI		Jacobs/Brindis (PI)
Blue Shield Foundation-Subcontract		07/01/2014	3/30/2016
Medi-Cal Eligible but not Enrolled, Remaining uninsured in California: Qualitative and Quantitative Study of Deferred Action Childhood Arrivals (DACA)			\$ 40,999 total

Prepared: July 2, 2025

Subcontract with UC Berkeley Labor Center. This project, bringing researchers from the UCLA Center for Health Policy, UC Berkeley, and UCSF, is analyzing California Health Interview Survey Data, as well as conducting 9 focus groups with Latino DACA-Eligible young adults. Study sites include Los Angeles and San Francisco Bay Area. Recruitment is being conducted by Dreamers and through a variety of social media channels.

33.	PI		Brindis (PI)
Alameda County		7/01/2014	6/30/2015
Alameda County School Health Services Evaluation			\$ 325,000 total
34.	PI		Brindis (PI)
National School Based Alliance		8/01/2014	8/30/2015
Evaluation of School Based Health Services			\$ 110,000 total
35.	Co-PI		Brindis (PI)
Next Generation (Benioff Foundation)		9/01/2014	8/30/2017
Evaluation of "Too Small to Fail"			\$ 850,000 total
36.	Co-PI		Brindis (PI)
National Family Planning and Reproductive Health Association		9/1/2014	8/30/2017
Confidential and Covered: Protecting Patients While Preventing Revenue Loss			
This national, multi-site project, funded by the federal Office of Population Affairs, will develop and test interventions that support the federal Title X Family Planning program's historic commitment to client confidentiality, while preventing and mitigating revenue loss at Title X service sites due to the provision of confidential services as part of health care reform efforts			
37. NU38PS004649	Co-I		Kahn (PI)
US Centers for Disease Control and Prevention, Department of Health and Human Services		9/30/2014	9/29/2019
Economic Analysis for Prevention of Disease (EMPoD)			\$ 4,855,069 total
The overall goal is to support the prevention effectiveness of state and local public health jurisdictions by providing scientifically valid economic modeling tools populated with setting-relevant data.			
38.	PI		Brindis (PI)
California HealthCare Foundation		10/01/2014	12/31/2014

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Evaluation of Health Reporting Project			\$ 21,000 total
39. 15-10047	PI		Brindis (PI)
California Department of Public Health	07/01/2015		06/30/2018
Teen Pregnancy Prevention Project Evaluation			\$ 4,842,846 total
Evaluation research that help characterize the funded programs and estimate how well they are meeting the State's objectives. Program evaluation results help public health professionals, educators, and policymakers to support more effective teenage pregnancy prevention interventions to reduce the negative social and economic consequences of this important public policy issue.			
40. SC15-1502-27481	Co-Investigator		Tebb (PI)
Patient-Centered Outcomes Research Institute	12/01/2015		11/30/2018
Reducing Health Disparities in Unintended Pregnancies Among Hispanic Adolescents Using a Patient-Centered Computer-Based Clinic Intervention			\$ 548,885 total
The major goals of this project are (1) support the adolescents in making decisions about an effective method of contraception by increasing knowledge and self-efficacy; (2) improve the effectiveness and efficiency of the clinical encounter; and (3) reduce the incidence of unprotected sexual intercourse among Latina adolescents girls over time.			
41.	PI		Brindis (PI)
Programa de Investigacion en Migracion y Salud (PIMSA)	09/01/2016		02/28/2018
Bi-National Perspectives on Adolescent Childbearing, Obesity, Diabetes and Cesarean Sections			\$ 30,000 total
42. 20094	PI		Brindis (PI)
California HealthCare Foundation	03/01/2017		02/28/2018
UCSF/Hastings Speakers Series: ACA Potential Impact of the Trump Administration on Health Policy			\$ 97,000 total
43.	PI		Brindis (PI)
Laura and John Arnold Foundation	12/01/2017		11/30/2019
Launching the Digital Food Industry Documents Archive			\$ 1,603,712 total
To launch a new Food Industry Document Archive in UCSF's digital Industry Documents Library (IDL) and develop a longer-term plan to continue to build the collections.			



Prepared: July 2, 2025

44. TP2AH000045	Co-PI		Dehlendorf/Brindis (PI)
Department of Health and Human Services, Office of Adolescent Health	07/01/2015		06/30/2020
SpeakOut: Empowering teen to teen communication about highly effective contraception			
The major goals of this project are to conduct rigorous evaluation of new or innovative approaches to prevent teen pregnancy.			
45. SC15-1502-27481	Co-Investigator		Tebb (PI)
Patient-Centered Outcomes Research Institute	12/01/2015		11/30/2020
Reducing Health Disparities in Unintended Pregnancies Among Hispanic Adolescents Using a Patient-Centered Computer-Based Clinic Intervention			\$ 548,885 total
The major goals of this project are (1) support the adolescents in making decisions about an effective method of contraception by increasing knowledge and self-efficacy; (2) improve the effectiveness and efficiency of the clinical encounter; and (3) reduce the incidence of unprotected sexual intercourse among Latina adolescents' girls over time.			
46. 2020-21-OSG	Co-PI		Brindis/ Malekinejad (PI)
Office of the California Surgeon General	9/1/2020		3/31/2021
Rapid Assessment of Pandemic indirect impacts and mitigating interventions for Decision-making in California (RAPID)			\$ 456,278 total
The goal of this project is provide analysis on high-burden short-term adverse health conditions that are not the direct medical effects of the novel coronavirus (e.g., death or hospitalization due to COVID-19 or worsening comorbidities). As the pandemic unfolds, we anticipate increases in the incidence (or recurrence/exacerbation) of a wide range of behavioral and mental health conditions (e.g., anxiety, depression, PTSD-like syndrome, suicide, alcohol and substance abuse) and physical health problems (e.g., cardiovascular diseases, metabolic disorders, maternity problems).			
47. R01HL129288	Co-Investigator		Patel (PI)
NIH/NHLBI; Stanford University	4/1/2016		5/31/2022
Impact of Water Access on Child Food and Beverage Intake and Obesity			\$ 3,749,891 total
The project examines how promoting fresh water intake, both in schools that do and do not provide access to caloric beverages impacts children's consumption of food and beverages both during and outside of school, and obesity.			

Prepared: July 2, 2025

48. None	PI		Brindis (PI)
Aurrera Health Group		6/30/2020	12/31/2021
ACES Aware Provider Engagement Grant			\$ 100,000 total
The goal of this project is to develop and disseminate two white papers widely to adolescent health, family health, and social services providers via email distribution lists, research sites, web platforms, social media and conference presentations.			
49. 90AP2688	Co-PI		Decker/Brindis (PI)
Family and Youth Services Bureau		9/1/2016	3/29/2022
Digital Initiative for Youth (DIY)			\$ 3,749,891 total
An innovative youth-centered initiative to improve the sexual health and socio-economic well-being of youth in Fresno County, California			
50.	PI		Brindis (PI)
Benioff Foundation		3/1/2017	9/30/2021
The California Preterm Birth Initiative		\$ 463,131 direct/yr 1	
The overall goal is to use evaluation findings to assess current programs and activities and offer insight into possible modifications that could realign initiative strategies to ensure outcome achievement.			
51. 18-10026	Co-PI		Decker/Brindis (PI)
California Department of Public Health		7/1/2018	6/30/2021
Adolescent Health Evaluations			\$ 1,800,000 total
The purpose of the Adolescent Health Programs is to utilize effective, evidence-based or evidence-informed approaches and strategies to reduce rates of adolescent birth, repeat adolescent births and sexually transmitted infections among high-need youth populations. In addition, promote protective factors and build resilience strengths, assist program participants in accessing needed services, and build models for successful adolescent health programming to improve the health and well-being of California's adolescents.			
52. 29-312-0214448-65402	Co-PI		Gottlieb/Brindis (PI)
RTI International		09/17/2018	09/30/2019
Accountable Health Communities (AHC) - Evaluation			
The purpose of this project seeks to test the efficacy of Assistance Track and Alignment Track models in reducing per-patient spending and inappropriate utilization and improving health outcomes.			
53. No grant # (Brindis)	Co-PI		Brindis/Spetz (PI)
UCSF Strategic Initiatives		07/01/2019	6/30/2022

Prepared: July 2, 2025

Infrastructure to advance health services research at UCSF \$ 1,446,945 total

The goal of this project is to expand the capacity to jumpstart the career of young investigators interested in building a Health Services Research (HSR) career at UCSF through increasing the acquisition, visibility and use of needed data sets and analytics that will lead to increased opportunities and collaborations across UCSF and UC Health, leading to a greater impact of the UCSF HSR community both here and nationally.

54. Title: Alameda County School Health Centers Evaluation

Major Goals: Evaluation of the Alameda County School Health Services (SHS) Coalition's school-based health centers and school-based behavioral health services, including documenting impact on students' access to and utilization of health care, and improvements in their health status and behaviors.

Project Number: 15388

Name of PD/PI: Brindis, Claire

Source of Support: Alameda County Health Care Services Agency

Project/Proposal Start and End Date: (7/1/2017 - 6/30/2022)

Total Award Amount (including Indirect Costs): \$1,675,000

55. Title: ACES Aware Provider Engagement Grant

Major Goals: The goal of this project is to develop and disseminate two white papers widely to adolescent health, family health, and social services providers via email distribution lists, research sites, web platforms, social media and conference presentations.

Project Number: N/A

Name of PD/PI: Brindis, Claire and Soleimanpour, Samira and Schapiro, Naomi

Source of Support: Aurrera Health Group

Project/Proposal Start and End Date: 6/30/2020 - 12/31/2021

Total Award Amount (including Indirect Costs): \$100,000

56. Title: State Adolescent and Young Adult Health Capacity Building Program

Major Goals: To enhance knowledge and inform practices of professionals and policy- and decision-makers regarding the consequences of public policies on young people, including analyzing the effects of public policies, regulations and practices at the community, state and federal levels on the health of young people and formulating policy options and develop model public policies.

Project Number: 2 U45 MC 27709-07-00

Name of PD/PI: Irwin, Charles

Source of Support: NIH NIDA

Project/Proposal Start and End Date: (MM/YYYY) (if available): 9/1/2014 - 8/31/2023

Total Award Amount (including Indirect Costs): \$5,750,000 for Years 5-9 cycle.

57. Title: Promoting Optimal Health for Rural Youth

Major Goals: This project partners with Fresno Economic Opportunities Commission and Fresno County Superintendent of Schools to promote the optimal health of youth in rural Fresno County and reduce unintended pregnancies.

Project Number: 1 TP1AH000233-01-00

Name of PD/PI: Decker, Mara

Prepared: July 2, 2025

Source of Support: PHS Office of Population Affairs

Project/Proposal Start and End Date: (MM/YYYY) (if available): 7/1/2020 - 6/30/2023

Total Award Amount (including Indirect Costs): \$2,570,554

58. Title: Implementation of Health-E You/Salud iTu to Promote Adolescent-Centered Contraceptive Care

Major Goals: The major goals of this implementation study is 1) to facilitate and understand the adoption of the Health-E you/Salud iTu intervention by providers in a vast network of SBHCs serving adolescents from diverse backgrounds in multiple states across the U.S. and and 2) to assess improvements in contraceptive use associated with our implementation study.

Project Number: DI-2020C2-2037; PD/PI: Tebb, Kathlee; Source of Support: Patient Centered Outcomes Research Institute (PCORI); Project/Proposal Start and End Date: 7/1/2021 - 6/30/2025; Total Award Amount (including Indirect Costs): \$1,401,546.

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  137. Hughes D, **Brindis CD**, Pettis J. "Talking is Teaching Campaign at UCSF Benioff Children's Hospital Oakland. Too Small to Fail." Funded by the Clinton Foundation and The Opportunity Institute. July 2016
  138. Tebb KP, Pica G, Twietmeyer L, Diaz K, **Brindis CD**. Addressing Social Determinants of Health Among Adolescents and Young Adults: Strategies from the Field. Philip R. Lee Institute for Health Policy Studies and Division of Adolescent and Young Adult Medicine, Department of Pediatrics, University of California, San Francisco. July, 2017. <https://healthpolicy.ucsf.edu/addressing-social-determinants-of-health-strategies>
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  141. **Brindis CD**, Gardner A. Evaluating Activism, Creating a Legacy for Change. Handa Center for Human Rights and International Justice Event. Stanford University. Palo Alto, CA. October 31, 2017. <https://www.youtube.com/watch?v=gVPBjZ938ml>
  142. **Brindis CD**. More Access to Health Care: Opportunities for Leadership in Value, Quality and Equity. Journal of the San Francisco Marin Medical Society. March, 91(2). 2018
  143. Schapiro NA, Soleimanpour S, **Brindis CD**. Reaching Out to Youth about Trauma: Adolescent Rapid Screening Validation Pilot. Platform Abstracts. Journal of Adolescent Health 62:S1–S19. 2018
  144. **Brindis CD**, Decker M, Gutman-Gonzalez A, Lanshaw N, Corsack C. Advancing Health Equity and Justice in California: A Landscape Analysis. Submitted to Hispanics in Philanthropy. [https://hiponline.org/wp-content/uploads/2018/11/HIP-Taking-a-Pulse\\_web.pdf](https://hiponline.org/wp-content/uploads/2018/11/HIP-Taking-a-Pulse_web.pdf). July, 2018
  145. Po J, **Brindis CD**, Adams S, Teipel K, Park MJ, & Sieving R. Improving Young Adult Health: State & Local Strategies for Success. San Francisco, CA: National Adolescent and Young

Prepared: July 2, 2025

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146. **Brindis CD**, Mohsen M, Kahn, JG, Schmidt, L, et. al "Rapid Assessment of Pandemic Indirect Impacts and Mitigating Interventions for Decision-making" (RAPID), Final Report Submitted to the Office of the California Surgeon General, Sacramento, Ca. March 17, 2021.
147. University of California, San Francisco; University of Minnesota. Promoting and caring for Young Adult mental health: Challenges and Opportunities for Improvement, University of California, February 2023. [https://nahic.ucsf.edu/resource\\_center/promoting-and-caring-for-young-adult-mental-health-challenges-andopportunities-for-improvement/](https://nahic.ucsf.edu/resource_center/promoting-and-caring-for-young-adult-mental-health-challenges-andopportunities-for-improvement/)
148. Adams SA, Park MJ, Brindis CD, Irwin CE, Jr. Sources of Preventive Visit Data for Adolescents and Young Adults. (2023). National Adolescent and Young Adult Health Information Center; San Francisco. Available from: <https://nahic.ucsf.edu/sources-of-preventive-visitdatafor-adolescents-and-young-adults>

## SIGNIFICANT PUBLICATIONS

1. Amaral G, Foster D, Biggs MA, Jasik C Judd S, **Brindis CD**. Public savings from the prevention of unintended pregnancy: A cost analysis of family planning services in California. Health Services Research. Vol. 42(5) 1960-1980, 2007.  
<http://www.hsr.org/hsr/abstract.jsp?aid=42386172996>  
  
This paper was written collaboratively, building upon methodology that Dr. Brindis had established and developed previously to support the awarding of an 1115 Medicaid Demonstration Waiver to support subsidized family planning services for low income women and men up to 200% of poverty living in California. The analysis has been used successfully to justify federal investments in the state that have reached over a \$1.5 billion dollars. Dr. Brindis helped to supervise the writing of the paper, wrote sections of the discussion, and oversaw revisions and resubmission.
2. Kreger M, Sargent K, Arons A, Standish M, **Brindis CD**. Creating an Environmental Justice Framework for Policy Change in Childhood Asthma: A Grassroots to Treetops Approach. American Journal of Public Health. 2011. Vol. 101, S1 208-216.  
<http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2011.300188>  
  
Dr. Brindis was Principal Investigator for the evaluation of The California Endowment's Asthma Initiative, which is the basis for this paper. Dr. Brindis contributed to the conceptual framework of the research, conducted analyses, as well as preparation of the manuscript.
3. Raymond-Flesch M, Siemons R, Pourat N, Jacobs K, **Brindis CD**. "There Is No Help Out There and If There Is, It's Really Hard to Find": A Qualitative Study of the Health Concerns and Health Care Access of Latino "DREAMers." Journal of Adolescent Health, Sept. 2014,55(3):323–328. 2014.

This paper summarizes the first qualitative study of Deferred Action for Childhood Arrivals in the U.S. Dr. Brindis was co-investigator for this study, conceived the research design, conducted focus groups, directed the analyses, and collaborated in writing the manuscript, including overseeing revisions and resubmission.

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4. **Brindis CD**, Freund KM, Baecher-Lind L, et. al. The Risk of Remaining Silent: Addressing the Current Threats to Women's Health. *Women's Health Issues*. 2017 Nov - Dec; 27(6):621-624.

This paper is an analyses of policy issues that have emerged as a threat to women's health and well-being under the Trump Administration. Dr. Brindis wrote the paper, as well as brought together a number of key leaders in women's health to discuss the myriad women's health issues at risk of being upended.

5. Adams S, Park MJ, Twietmeyer L, **Brindis CD**, Irwin CE Jr. Association between Adolesce Preventive Care and The Role of the Affordable Care Act. *JAMA Pediatr.*, 2018;172(1):43-48. doi:10.1001/jamapediatrics.2017.3140

This paper is the first nation-wide analysis of the effect of the ACA on improving the content of preventive care services on adolescents over the past four years. I collaborated with my colleagues to conceptualize the hypotheses, assisted in reviewing the overall analyses of the data, and provided input into the final editorial work for submitting this paper.

#### **CONFERENCE ABSTRACTS (Representative Sample)**

1. Eliminating Health Disparities by Increasing Access to Family Planning Services: California's Family PACT Program. (Presented with A. Biggs, G. Amaral, DG. Foster, H.T. de Bocanegra), AcademyHealth, Orlando, FL.
2. Cost effectiveness of Chlamydia control services among family planning clients. (Presented with M.A. Biggs, D. Greene Foster, J. Chow, G. Amaral), American Public Health Association, Washington, DC.
3. Cost effectiveness of advance provision of emergency contraception. (Presented with D. Greene Foster, T. Raine L. Cao, D.P. Rostovtseva, P. Darney), American Public Health Association, Washington, DC.
4. Cost effectiveness of advance provision of emergency contraception.(Presented with T. Raine, L. Cao, D.P. Rostovtseva, P. Darney), American Public Health Association, Washington, DC.
5. Cost savings from the provision of specific methods of contraception. (Presented with D. Greene Foster, M.A. Biggs, G. Amaral, H. T. de Bocanegra, D.P. Rostovtseva, P. Darney), American Public Health Association, Washington, DC
6. Bringing teens into the family planning clinic: The importance of diverse outreach strategies.(Presented with A. Arons, L. Ralph, N. Berglas, M.A. Biggs), American Public Health Association, Washington, DC.
7. Creating youth friendly clinics: Findings from California Case studies. (Presented with L .Maddock, S. Koenemann, S. Hunter), American Public Health Association, Washington, DC.
8. Teens reaching teens: Use of peer outreach workers in family planning clinics. (Presented with N. Berglas, A. Arons, L. Ralph, M.A. Biggs), American Public Health Association, Washington, DC.

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9. Finding teens in TheirSpace: Using internet social networking sites to increase access to family planning. (Presented with S. Schwartz, L. Ralph, N. Berglas). American Public Health Association, San Diego, CA.
10. Teen Births Up, but We're Not Down: Why Age Matters When It Comes to Contraception. (Presented with S. Koenemann), American Public Health Association, San Diego, CA.
11. Pregnancy intendedness and decision-making among young Latinas: Findings from a qualitative study. (Presented with S. Schwartz, L. Ralph, M. A. Biggs, A. Arons), American Public Health Association, San Diego, CA.
12. Accidents Do Happen: Emergency Contraceptives, Teen Contraceptive Use and Knowledge of Reproductive Health Services. (Presented with L. Maddock, S. Koenemann, J. Malvin), American Public Health Association, San Diego, CA.
13. Preventing Latina teen pregnancy: The important role of parents. (Presented with L. Ralph, M.A. Biggs, S. Schwartz, A. Arons, A. Minnis, K. Marchi), American Public Health Association, San Diego, CA.
14. A Coalition of School Based Health Centers and Key Evaluation Findings. (Presented with S. Geierstanger, S. Soleimanpour, A. Faxio), American Public Health Association, San Diego, CA.
15. Burden of Asthma on Schools. (Presented with M. Kreger, D. Hughes, K. Sargent, S. Sabherwal, A. Robles, M. Standish), American Public Health Association, San Diego, CA.
16. Evaluating a Movement: Using Systems Change Outcomes. (Presented with M. Kreger, D. Hughes, S. Sabherwal, K. Sargent, A. Robles, M. Standish), American Public Health Association, San Diego, CA.
17. They'll Use it if it's Free: Contraceptive Choices Among Uninsured low-Income Women. (Presented with D. Rostovtseva, M.A. Biggs, S. Holtby, C. McCain, C. Lewis, H. Thiel de Bocanegra, D.G. Foster, American Public Health Association, Philadelphia, PA.
18. Understanding Teens and the "Digital Divide: Can We Reach Low-Income Youth Online with Health Information? (Poster session with N. Berglas, S. Schwartz, L. Ralph), American Public Health Association, Philadelphia, PA.
19. Improving Attendance and Achievement by Improving Air Quality. (Poster session with M. Kreger, S. Sabherwal, K. Sargent, J. Nielsen, A. Robles, M. Standish), American Public Health Association, Philadelphia, PA.
20. He Was so Happy, So I Was Happy Too: Male Partner Influences on Latina Teen Childbearing Decisions. (Presented with S. Schwartz, L. Ralph, M.A. Biggs) American Public Health Association, Philadelphia, PA.
21. Youth Friendliness: How Do Family Planning Clinics Measure Up? (Presented with N. Berglas, M.A. Biggs, S. Navarro), American Public Health Association, Philadelphia, PA.
22. Translating Research to Impact Public Policy: California's Experience with Parental Involvement Legislation for Minor's Abortion in the 2005, 2006, and 2008 Elections. (Presented with L. Ralph), American Public Health Association, Philadelphia, PA.
23. Evaluating Policy Advocacy: Employing Systems Change Outcomes. (Presented with M. Kreger, D. Hughes, S. Sabherwal, K. Sargent, A. Robles, M. Standish), American Public Health Association, Philadelphia, PA.



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24. Discussing Intrauterine Contraception at the Family Planning Visit: A Missed Opportunity for Client Education. (Presented with S. Schwartz, M.A. Biggs, S. Holtby, C. McCain, D. Rostovtseva), American Public Health Association, Philadelphia, PA.
25. Unplanned Pregnancies Among Young Adult Latinas: The Influence of Partners, Fertility Concerns, and Individual Aspirations. (Presented with L. Ralph, S. Schwartz, M.A. Biggs) American Public Health Association, Philadelphia, PA.
26. Approaches to Evaluating Advocacy and Policy Change: An International Comparison. (Presented with J. Kaye, A. Jackson, M. Billera, A. Gardner, L. Nascimento, S. Geierstanger), American Evaluation Association, Orlando, FL.
27. How Traditional Evaluation Thinking and Frameworks Can Be Adapted for Advocacy/Policy Evaluation. (Presented with J. Kaye, S. Ladd, D. Dunet, E. Chappelle, L. Gase, M. Kreger, S. Sabherwal, K. Sargent, A. Robles, M. Jhawar, M. Standish, American Evaluation Association, Orlando, FL.
28. Clinica Alta Vista: Providing an Integrated Model of Prenatal Care for Latina Adolescents and Their Families. (Poster presented with S. Soleimanpour, S. Ng, V. McCarter.) AFL Annual Conference, Oakland, CA.
29. Does Experience Matter? Quality of Reproductive Health Care Provided to Latino Adolescents (Poster co-authored with: LA Botkin, SA Fishkin, C.D. Brindis, E. Ozer, C. Kapphahn). Society for Adolescent Medicine Annual Meeting. Toronto, CANADA.
30. Traditional versus Centering: Which model of care leads to improved outcomes for Latina pregnant and parenting teens and their infants? (poster co-authored with S. Soleimanpour, S. Ng, V. McCarter) American Public Health Association Annual Meeting. Denver, CO.
31. Burden of Asthma on California Schools: Losses in Student Attendance, Achievement, and Revenue. (presented with M. Kreger, A. Arons, K. O'Brien, M. Standish) American Public Health Association Annual Meeting. Denver, CO.
32. Evaluating Policy Advocacy: Lessons from an Environmental Policy Initiative in California. (presented with M. Kreger, A. Arons, M. Standish) American Public Health Association Annual Meeting. Denver, CO.
33. It takes a community: CBOs and family planning providers collaborate to increase access to reproductive health services for low-income populations. (Poster co-authored with S. Schwartz, N. Berglas) American Public Health Association Annual Meeting. Denver, CO.
34. Can you get pregnant when you're on your period? Negotiating Sex Education: Questions & Misinformation"(presented with E. Villasenor, S. Kaller) American Public Health Association Annual Meeting. Denver, CO.
35. Pushing the Envelope beyond the pill and condoms: Teen Knowledge and attitudes towards long acting, reversible contraceptives. (poster co-authored with L. Maddock, D. Richardson, J. Funk). American Public Health Association Annual Meeting. Denver, CO.
36. Health of young people in the United States, 1991-2008: Trends in critical national health objectives. (Presented with N. Jiang, L. Kolbe, D. Chul Seo, N. Kay) American Public Health Association Annual Meeting. Denver, CO.
37. Assessing Health Policy Change Using an Online Survey Instrument. (Presented with A. Gardner, L. Nascimento, S. Geierstanger). American Evaluation Association Annual Meeting. San Antonio, TX.

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38. Burden of Asthma on California Schools: Statewide and Local Attendance and Financial Losses and academic Achievement Analysis. Presented with M. Kreger, R. Guide, M. Bullen, M. Standish). American Public Health Association Annual Meeting. Washington, DC.
39. Advocating for Healthy Schools: Employing a Systems Change Framework to Assess Health and Education Policy Advocacy in California: Breaking Down Silos." (Presented with M. Kreger). American Public Health Association Annual Meeting. Washington, DC.
40. Client Demographics and Service Characteristics of California Title X and Non-Title X Family Planning Providers. (Presented with H. Thiel de Bocanegra, F. Maguire, M. Puffer, K J Horsley). American Public Health Association Annual Meeting. Washington, DC
41. School Based Behavioral Health Services in a Diverse, Urban Setting: Making a Difference. (Presented with S. Soleimanpour, S. Ng, V. McCarter, S. Geierstanger). American Public Health Association Annual Meeting. Washington, DC.
42. Meeting the Needs of Latino and African American Youth: School Based Behavioral Health Interventions. (Presented with S. Soleimanpour, S. Ng, V. McCarter, S. Geierstanger). American Public Health Association Annual Meeting. Washington, DC
43. Taking the Pulse: Potential for Assessing the Impact of Yoga and Mindfulness Programs on Youth. (Poster Presentation with L. Maddock, S. Geierstanger, E. Hendrick, S. Ng, N. Berdjis). American Public Health Association Annual Meeting. Washington, DC.
44. A Question of Hope ("Una Cuestion de Esperanza"). US Film Festival. (Presented with M. Antonia Biggs, K. Marchi, P. Braveman). American Public Health Association Annual Meeting. Washington, DC
45. Lessons Learned From State Departments of Insurance/> Implementation of the Age 26 Health Reform Provision." (Poster presented with Alexander Blum and Amanda Giordano). AcademyHealth Annual Research Meeting, Washington, DC.
46. One Product, Multiple Health Needs, Saving Lives: A Multidisciplinary Approach for the Prevention of Unintended Pregnancies and Sexually Transmitted Infections. (Poster presented with Bethany Young Holt) California Wellness Foundation Conference on Women's Health. Los Angeles, CA.
47. Improving Reproductive Environmental Health through EPA Policy. (Poster presented with Plumb M, Trowbridge J, Charlesworth A, Woodruff TJ). American Public Health Association Annual Meeting. San Francisco, CA
48. Intervening at a Critical Juncture: Women's Motivation to Use Intrauterine Contraception Immediately Following an Abortion. (Poster presented with Biggs MA, Levy S, Teig E, Arons A) American Public Health Association Annual Meeting. San Francisco, CA.
49. Building on Youth Assets to Improve Reproductive Health: Teen Pregnancy Prevention Programs in California. (Poster presented with Maddock L, McCarter V.) American Public Health Association Annual Meeting. San Francisco, CA
50. Uneven Progress: An Assessment of Sex Education policies and Practices in California Public Schools. (Poster presented with Combellick S.) American Public Health Association Annual Meeting. San Francisco, CA.
51. Teen Pregnancy Prevention Education in California: Adapting Curricula to Fit the Local Context. (Poster presented with Arons A Decker M, Malvin J) American Public Health Association Annual Meeting. San Francisco, CA.



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52. Free Drinking Water Access and Barriers to Improving Water Access and Intake in California Schools.” (Poster presented with Patel A, Hecht K, Hampton K, Grumbach J, Chandran K, Braff-Guajardo E.) American Public Health Association Annual Meeting. San Francisco, CA.
53. Writing on the Wall: The effects of Neighborhoods on Teen Reproductive Health. (Poster presented with Isquick S, and Decker M). American Public Health Association Annual Meeting. San Francisco, CA.
54. Making Do with Less: The Impact of State Budget Cuts on California’s Teen Pregnancy Prevention Programs.” (Invited Panel presentation, with Yarger J and Malvin J). American Public Health Association Annual Meeting. San Francisco, CA.
55. Expanding Universal Coverage: Reproductive Health Vouchers in Cambodia (Poster presented with Brody C, Freccero J, Bellows B). American Public Health Association Annual Meeting. San Francisco, CA.
56. Stayin’ Alive and Thriving: Exploring Multiple Dimensions of SBHC Sustainability. (invited Panel presentation with Kaller S, Geierstanger S, and Brown S). American Public Health Association Annual Meeting. San Francisco, CA.
57. The Last Bottle Standing: Sports Drink and Bottled Water Access in California Public Schools. Patel A, Braff-Guajardo E, Hampton KE, Grummon A, Brindis CD. [3806.113]Annual Pediatric Academic Societies meeting, Institute of Medicine National Academies.
58. Understanding Contraceptive Use in the United States. American Public Health Association Annual Meeting; **Brindis, CD** Moderator.
59. A Qualitative Study of the Healthcare Access and Concerns of Latino Dreamers. With Raymond-Flesch M, Siemons R, Pourat N, Jacobs K, **Brindis CD**. Poster Presentation. 2014 Meeting of the Pediatric Academic Society. Vancouver, Canada. May 2014.
60. Adolescents and Young Adults Under Health Care Reform: Explanation of Benefits (EOBs) and Patient Confidentiality. Keynote Address, **Brindis CD**, AcademyHealth Child Health Services Interest Group, June 7, 2014.
61. Glass Half Full: A Comparison of Water Delivery Options to Improve Students’ Water Intake in Schools. Patel A, Braff-Guajardo E, Hampton KE, Grummon A, **Brindis CD**. Poster presentation. 2014 Meeting of the Pediatric Academic Society. Vancouver, Canada. May 5, 2014.
62. Where Have All the Teens Gone? Decline in Adolescent Female Participation in California’s Family Planning Program Following Cuts in Outreach Funding. Panel with Yarger J, Daniel S, Biggs MA, Malvin J, **Brindis CD**. American Public Health Association Annual Meeting, New Orleans, LA.
63. Operationalizing Resilience-Building and Life Course Planning with Pregnant and Parenting Adolescents in California. Panel with Kreger M, Tebb K, Truebridge S, **Brindis CD**. American Public Health Association Annual Meeting, New Orleans, LA.
64. Implementation of the Affordable Care Act (ACA): How Are MCH Populations Doing? Panel with Walker DK, Witgert K, **Brindis CD**, Comeau M, Peifer KL. American Public Health Association Annual Meeting, New Orleans, LA

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65. Meeting the Social-Emotional Needs of Students: Creating Alternatives to the School-to-Prison-Pipeline. Panel with Kreger M, Sargent-Cairola K, Thrasher J, Rucker P, Redmond, C, **Brindis CD**. American Public Health Association Annual Meeting, New Orleans, LA
66. School Health Center Evaluation with a "Twist" of Quality. Panel with Shelly Kaller S, Lutsky M, **Brindis CD**. American Public Health Association Annual Meeting, New Orleans, LA.
67. Sexually Transmitted Infection Services and Adoption of Effective Contraceptive Methods. Poster Presentation with Daniel S, Biggs A, Malvin J, **Brindis CD**, Yarger J. American Public Health Association Annual Meeting, New Orleans, LA.
68. California Family Planning Providers' Challenges to Same Day Long-Acting Reversible Contraception (LARC) Provision. Poster Presentation with Biggs MA, Malvin J, **Brindis CD**, Yarger J. American Public Health Association Annual Meeting, New Orleans, LA. 2014
69. Potential Role of Family Planning in an Era of Health Care Reform: Patient Perspectives on Primary Care Needs and Insurance Eligibility. Poster Presentation with Daniel S, Biggs A, Malvin J, **Brindis CD**, Yarger J. American Public Health Association Annual Meeting, New Orleans, LA. 2014
70. Characteristics of the Undocumented Young Adults Eligible for the Deferred Action for Childhood Arrivals. Poster Presentation with Pourat N, Lucia L, Hadler M, **Brindis CD**, Jacobs K, Siemons R, Talamantes E, Raymond-Flesch M. American Public Health Association Annual Meeting, New Orleans, LA. 2014
71. Meeting Them More Than Halfway: Adolescent Perspectives on Patient-Centered Care. Poster Presentation with Uy-Smith EL, Lofink HE, Padrez R, Trudnak Fowler TE, Koenig KT, Fairbrother G, **Brindis CD**. Society for Adolescent Health and Medicine Annual Meeting, Los Angeles, CA. 2015
72. Measuring Up to the Common Core: What is Known About the Delivery of Primary Care Services in the School-Based Health Centers (SBHC). Uy-Smith EL, Grumbach K, **Brindis CD**. Society for Adolescent Health and Medicine Annual Meeting, Los Angeles, CA. 2015
73. Moving Beyond Health Care Access: Evidence-Based Practices for Young Adults. Irwin CE Jr., Lau J, Ozer E, **Brindis CD**. Workshop Session. Society for Adolescent Health and Medicine Annual Meeting, Los Angeles, CA. 2015
74. Headstand Yoga & Mindfulness School Program. Geierstanger S, Ng S, Maddock L, **Brindis CD**, Gutmann-Gonzalez A. Poster Presentation: California School Health Association Conference, San Diego, CA. 2015
75. Fulfilling the Vision: The Role of Enrollment Workers in Promoting Health Insurance Access." Raymond-Flesch M, **Brindis CD**. American Public Health Association Annual Meeting, Chicago, IL. 2015
76. Risk and Resilience Factors Associated with Frequency of School-Based Health Center Use. Soleimanpour S, **Brindis CD**. American Public Health Association Annual Meeting, Chicago, IL. 2015
77. School-Based Health Centers and Adolescents' Access to Reproductive Health Care. Soleimanpour S, Geierstanger S, Kaller S, Ng S, McCarter V, **Brindis CD**. American Public Health Association Annual Meeting, Chicago, IL. 2015

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78. Lessons from the ACA's Medicaid Expansion Front-Lines: Perspectives of Enrollment Workers. Raymond-Flesch M, **Brindis CD**. American Public Health Association Annual Meeting, Chicago, IL. 2015
79. Transforming Statewide Policy into Community-Wide Practice: School Disciplinary Policy and Health Disparities. Kreger M, Sargent-Cairol K, **Brindis CD**. American Public Health Association Annual Meeting, Chicago, IL. 2015
80. Evaluating Consumer Engagement in Health Care: Strategies and Tactics as an Evaluation Framework. **Brindis CD**, Hughes D, Schmidt LA, Jacobs L. American Evaluation Association Annual Meeting. Chicago, IL. 2015
81. Video: A Multi-Purpose Evaluation Method? **Brindis CD**, Hughes D, Schmidt LA, Jacobs L. American Evaluation Association Annual Meeting. Chicago, IL. 2015
82. The Political Prioritization of Preterm Birth: A Policy Analysis Using a Prioritization Framework." Poster Presentation. Consortium of Universities for Global Health Annual Conference. San Francisco, CA. 2016
83. Young Adults and the Affordable Care Act. Irwin CE Jr, **Brindis CD**, Ozer E, Park J, Hemlin E. Workshop: Society for Adolescent Health and Medicine Annual Meeting, Washington, DC. 2016
84. What, Me Worry? Youth Perceptions of Pregnancy and STIs. **Brindis CD**. Oral Presentation, Abstract. American Public Health Association Annual Meeting, Denver CO. 2016
85. Cultivating Clinical Connections: Opportunities and Barriers to Increasing Youth Access to Clinical Sexual Health Services in California. Decker M, Gutmann-Gonzalez, **Brindis CD**. Poster Presentation. Society for Adolescent Health and Medicine Annual Meeting, New Orleans, LA. 2017
86. Honoring Their Roots: Crating and Cultivating Positive Connections with Latino Adolescents and Young Adults. O'Brien SJ, Mondardez J, Garcia-Huidobro A, **Brindis CD**. Raymond-Flesch M. Workshop Presentation. Society for Adolescent Health and Medicine Annual Meeting, New Orleans, LA. 2017
87. Impacto Perinatal: El Embarazo de Adolescentes en Mexico y en California: Politicas Publicas y Consecuencias Programaticas. **Brindis CD**, Decker MJ, Gutmann-Gonzalez A. Instituto Nacional de Perinatologia, Mexico City, Mexcio. Reunion Anual INPer 2017: Salud Sexual y Reproductiva del Adolescente: April 4, 2017.
88. Barriers and Enablers to Care for Young Adults Churning Between Health Plans. Yarger J, Tilley L, **Brindis CD**. Oral presentation. American Public Health Association Annual Meeting, Atlanta, GA. 2017
89. Health Literacy Challenges for Young Adults Experiencing Churning Health Insurance Coverage. Tilley TL, Yarger J, **Brindis CD**. Oral presentation. American Public Health Association, Atlanta, GA. 2017
90. Use of an mHealth Application, Health-E You/ Salud iTu, to Improve Sexually Active Latina Adolescents' Contraceptive Knowledge, Self-Efficacy and Use. Tebb K, **Brindis CD**. Poster Presentation. Pediatric Academic Society (PAS) Meeting. Toronto, Canada. May 5-8, 2018.

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91. An Opportunity for Intervention: Teen Dating Violence Among California's Adolescents in Out-of-Home Settings. Rutman S, Decker M, **Brindis CD**. Oral Presentation. American Public Health Association, San Diego, CA. November 10-14, 2018.
92. Improving Capacity to Implement an Evidence-Informed Case Management Intervention for Expectant and Parenting Adolescents: Results from a Statewide Training Evaluation. Tebb K, **Brindis CD**, Pressfield L, Campa M. Poster Presentation. American Public Health Association, San Diego, CA. November 11, 2018.
93. Increasing Interest and Uptake of LARCs among Latina Adolescents using a Mobile Health Application, Health-E You/Salud iTu. Tebb K, Pollack L, Wang L, Adams SA, Sang B, Ozer E, **Brindis CD**. Oral Presentation. Pediatric Academic Society (PAS) Meeting. Baltimore, MA. April 30, 2019.
94. The Promise of Adolescence. Level L, **Brindis CD**. Roundtable Discussion. Society of Preventions Research Annual Meeting. San Francisco, CA. May 30, 2019.
95. Migration Roles in the Lives of Latina Youth: A Binational Comparison. American Public Health Association, Philadelphia, PA. November 2-6, 2019.
96. Redesigning the Ivory Tower to Address Preterm Birth through Community-Academic Partnerships. American Public Health Association, San Francisco, CA. October 24-28, 2020.
97. The Nature and Impact of Trauma on 1.5 Generation Immigrant Youth During Parental Separation and Reunification. Journal of Adolescent Health. 2012 Feb 1; 50(2):s3-s4. Schapiro SN, [Kools KS](#), Weiss WS, **Brindis BC**.
98. Use Of Youth-Centered Mobile Health Application, Health-E You/Salud iTu, To Reduce Disparities In Contraceptive Knowledge, Access And Unintended Pregnancy Among Sexually Active Latina Adolescents. Journal of Adolescent Health. 2019 Feb 1; 64(2):s40-s41. Tebb TK, Trieu TS, Rodriguez RF, Pollack PL, Adams AS, Ricco RR, Renteria RR, Hwang HL, Ozer OE, Sandoval SD, **Brindis CD**
99. Contraceptive Communication Among Adolescents Who Use Long Acting Reversible Contraception. Journal of Adolescent Health. 2020 Feb 1; 66(2):s115-s116. Tebb TK, Schwartz SE, Rodriguez RF, Reed RR, Tancredi TD, **Brindis CD**, Dehlendorf DC.
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101. Development and Pilot Feasibility Trial of a Co-Developed Teen Pregnancy Prevention Community Program in a Midwest Rural Latino Community. Journal of Adolescent Health. 2025 Mar 1; 76(3):s63-s64. Barral BR, Miller MM, Ramirez RM, Lopez LM, Brindis BC, Miller ME, Cramer CE, Ramaswamy RM.
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